

ORIGIN ID:CTVA (305) 774-5800
PEYTON SHERBET
FRAGOMEN DEL REY, BERNSSEN & LOEWY
800 NW 62 AVENUE
SUITE 590
MIAMI, FL 33126
UNITED STATES US
SHIP DATE: 18NOV25
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CAD: 101510845/INET4535
BILL THIRD PARTY

TO USCIS

ATTN: PREMIUM I-129 O (BOX 660090)
2501 S. STATE HIGHWAY 121 BUSINESS
SUITE 400
LEWISVILLE TX 75067

REF: (305) 774-5800

PO: DEPT:



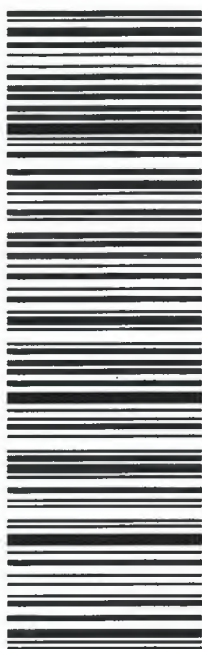
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TRK# 8861 5176 8007

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PRIORITY OVERNIGHT

XA KIPA

75067
TX-US DFW



After printing this label:

CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

O-1 (CP) | Form I-129

**PETITION FOR
INDIVIDUAL OF
EXTRAORDINARY
ABILITY**

PETITIONER:
UNIVERSITY OF FLORIDA

BENEFICIARY:
Dr. Vinicius ADAMI VAYEGO
FORNAZARI

Andrea B. Huerta-Rodriguez
Attorney-at-Law
AHuerta@Fragomen.com

ATTORNEYS AT LAW

Fragomen Del Rey, Bernsen & Loewy, LLP
800 NW 62nd Avenue, Suite 590
Miami, FL 33126
USA

O +1 305 774 5800

F +1 305 774 6666

www.fragomen.com

November 24, 2025

Via Federal Express

USCIS

Attn: Premium I-129 O (Box 660090)
2501 S. State Highway 121 Business, Suite 400
Lewisville, TX 75067-8003

RE: Form I-129 Nonimmigrant Visa Application
Petition Type: O-1 Nonimmigrant Visa for an Individual of
Extraordinary Ability in the Sciences
Petitioner: University of Florida
Beneficiary: Dr. Vinicius ADAMI VAYEGO FORNAZARI

Dear Sir or Madam:

We represent the *University of Florida* ("UF") in the above-referenced matter, as it seeks to employ Dr. Vinicius Adami Vayego Fornazari ("Dr. Adami Vayego Fornazari") to perform temporary O-1 services in the professional position of Clinical Associate Professor. Dr. Adami Vayego Fornazari is fully qualified to be accorded nonimmigrant O-1 status as he has demonstrated himself to be an individual of extraordinary ability.

In support thereof, enclosed please find the following:

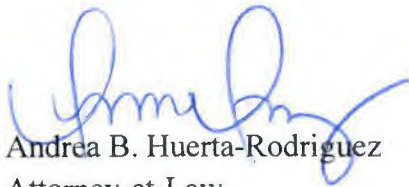
1. Form G-28 for I-129 and I-907, accompanied by Form G-1450 (Credit Card Authorization), for filing fee of \$530;
Note: Petitioner qualifies for a reduced fee as a not-for-profit institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
2. Form I-907 (Premium Processing), accompanied by Form G-1450, for filing fee of \$2,805.00;
3. Form I-129 followed by the accompanying O Supplement;
4. Letter from UF verifying Dr. Adami Vayego Fornazari's temporary job offer;
5. Letter demonstrating Dr. Adami Vayego Fornazari's extraordinary ability;
6. Copies of Dr. Adami Vayego Fornazari's immigration documents, evidencing maintenance of valid non-immigrant status;
7. Copy of Dr. Adami Vayego Fornazari's passport;

8. Copies of Dr. Adami Vayego Fornazari's educational documents, curriculum vitae & medical certifications; and
9. Evidence of Dr. Adami Vayego Fornazari's qualifications as an individual of extraordinary ability.

We hope the foregoing suffices to qualify Dr. Adami Vayego Fornazari for a Nonimmigrant O-1 Visa. Should you require any further information or documentation, please feel free to contact our office.

Thank you in advance.

Sincerely,



Andrea B. Huerta-Rodriguez
Attorney-at-Law

Encls.: as stated



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)



Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) HUERTA-RODRIGUEZ

2.b. Given Name (First Name) Andrea

2.c. Middle Name Beatriz

Address of Attorney or Accredited Representative

3.a. Street Number and Name 7000 Brooktree Rd. C9968083

3.b. ☐ Apt. ☐ Ste. ☐ Flr. NTO-PP

3.c. City or Town Wexford

3.d. State PA 3.e. ZIP Code 15090

3.f. Province

3.g. Postal Code

3.h. Country

USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

(305) 774-5800

5. Mobile Telephone Number (if any)

6. Email Address (if any)

AHuerta@fragomen.com

7. Fax Number (if any)

(305) 774-6666

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

Florida Supreme Court

1.b. Bar Number (if applicable)

FL 1003285

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

FRAGOMEN - MIAMI

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
Form I-907 & I-129 (O-1) (ADAMI VAYEGO FORNAZARI, Vinicius)
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
University of Florida
- 7.b. Title of Authorized Signatory for Entity (if applicable)
Immigration Specialist II
8. Client's USCIS Online Account Number (if any)
▶ N / A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- N / A

Client's Contact Information

10. Daytime Telephone Number
(352) 273-1710
11. Mobile Telephone Number (if any)
12. Email Address (if any)
ics@hr.ufl.edu

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 903 West University Avenue, P.O. Box 115002
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town Gainesville
- 13.d. State FL 13.e. ZIP Code 32611
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country
USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity



2.b. Date of Signature (mm/dd/yyyy)

11/13/2025

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

11/23/2025

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name) ADAMI VAYEGO FORNAZARI

1.b. Given Name (First Name)

1.c. Middle Name	
------------------	--

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

[illegible]

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

A set of ten parallel horizontal blue lines spanning most of the width of the page, intended for handwritten answers or notes.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

6.a. Page Number **6.b. Part Number** **6.c. Item Number**

[illegible]



Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 02/28/2027

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	Date	Date	Date	
	Date	Date	Date	Action Block
	Remarks			

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) FL 1003285	Attorney or Accredited Representative USCIS Online Account Number (if any)
---	---	---	--

► **START HERE** - Type or print in black ink.

Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any) ► A- N / A	2. USCIS Online Account Number (if any) ► N / A	
3. Family Name (Last Name)	Given Name (First Name)	Middle Name
4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization) University of Florida		
5. Mailing Address In Care Of Name Gardenia Bazan, Immigration Specialist II		
Street Number and Name 903 West University Avenue, P.O. Box 115002		Apt. Ste. Flr. Number ☐ ☐ ☐
City or Town Gainesville	State FL	ZIP Code <i>USPS ZIP Code Lookup</i> 32611
Province	Postal Code	Country USA
6. Is your current mailing address the same as your physical address? ☒ Yes ☐ No If you answered "No" to Item Number 6., provide your physical address in Item Number 7.		



Part 1. Information About the Person Filing This Request (continued)**7. Physical Address**

Street Number and Name

Same as above

Apt. Ste. Flr. Number

☐☐☐

City or Town

State

ZIP Code

Province

Postal Code

Country

8. Request for Premium Processing Service (select only one box):

- ☒ I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- ☐ I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- ☐ I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- ☐ I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application 2. Receipt Number of Related Petition or Application 3. Classification or Eligibility Requested

I-129

N/A - Filed Concurrently

O-1

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

ADAMI VAYEGO FORNAZARI

Vinicius

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Given Name (First Name)

Middle Name

Bazan

Gardenia

Position Title

Immigration Specialist II

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

59-6002052



Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

903 West University Avenue, P.O. Box 115002

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Gainesville

State

FL

ZIP Code

32611

Province

Postal Code

Country

USA

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. ☒ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. ☐ The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- ☒ At my request, the preparer named in **Part 5.**, prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

(305) 774-5800

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Fax Number (if any)

(305) 774-6666

6. Requestor's Email Address (if any)

fragomenuniversityteam@Fragomen.com

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature

Date of Signature (mm/dd/yyyy)

Jordania Bayin

11/13/2025

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3.**

Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
-
-

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
-
-
2. Preparer's Business or Organization Name (if any)
-

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
-
-
-
-
-
- City or Town State ZIP Code
-
-
-
- Province Postal Code Country
-
-
-

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
-
-
6. Preparer's Email Address (if any)
-

Preparer's Statement

- 7.A. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.
- B. ☒ I am an attorney or accredited representative and my representation of the requestor in this case
- ☒ extends ☐ does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



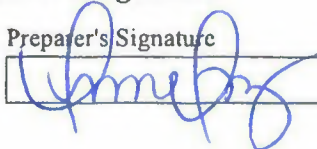
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature



Date of Signature (mm/dd/yyyy)

11/23/2025



Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3.A. Page Number 3.B. Part Number 3.C. Item Number

3.D.

4.A. Page Number 4.B. Part Number 4.C. Item Number

4.D.

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D.





Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	☐ Classification Approved ☐ Consulate/POE/PFI Notified At: _____ ☐ Extension Granted ☐ COS/Extension Granted		

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.

1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name

2. Company or Organization Name

University of Florida

3. Mailing Address of Individual, Company or Organization

In Care Of Name
Gardenia Bazan, Immigration Specialist II

Street Number and Name
903 West University Avenue, P.O. Box 115002

Apt. Ste. Flr. Number
☐ ☐ ☐

City or Town
Gainesville

State
FL

ZIP Code
32611

Province

Postal Code

Country
USA

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(352) 273-1710		ics@hr.ufl.edu

Other Information

5. Federal Employer Identification Number (FEIN)

► 59-6002052

6. Are you a nonprofit organized as tax exempt or a governmental research organization?

☒ Yes ☐ No



Part 1. Petitioner Information (continued)

7. Individual IRS Tax Number 8. U.S. Social Security Number (if any)

Part 2. Information About This Petition

1. Requested Nonimmigrant Classification (Write classification symbol):
2. **Basis for Classification** (select **only one** box):
- ☒ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☐ f. Amended petition.
3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."**
4. **Requested Action** (select **only one** box):
- ☒ a. Notify the office in **Part 4**, so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from the current authorized period of stay.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. Type of Beneficiaries Requested (select **only one** box) ☒ Named ☐ Unnamed (for H-2A or H-2B petitions only)
2. **If an Entertainment Group, Provide the Group Name**
3. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| ADAMI VAYEGO FORNAZARI | Vinicius | |



Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

4. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name
FORNAZARI	Vinicius	
ADAMI VAYEGO FORNAZARI	Vini	

5. Other Information

Date of birth (mm/dd/yyyy)	Sex	U.S. Social Security Number (if any)
06/19/1984	☒ Male ☐ Female	▶ NONE
Alien Registration Number (A-Number)	Country of Birth	
▶ A- NONE	Brazil	
Province of Birth	Country of Citizenship or Nationality	
Sao Paulo	Brazil	

6. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
N/A	▶ N / A	GL719840
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Passport or Travel Document Country of Issuance
06/12/2025	06/11/2035	Brazil
Current Nonimmigrant Status	Date Status Expires (mm/dd/yyyy) or D/S	
Not in US	N/A	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
None	None	

7. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name	Apt. Ste. Flr.	Number
Not in US	☐ ☐ ☐	
City or Town	State	ZIP Code

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in Part 3. is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

Sao Paulo

c. U.S. State or Foreign Country

Brazil

Part 4. Processing Information (continued)**d. Beneficiary's Foreign Address**

Street Number and Name

Avenida Irai, 782, Bairro Indianopolis/Moema

Apt. Ste. Flr. Number

☒ ☐ ☐ 21

City or Town

Sao Paulo

State

Province

Sao Paulo

Postal Code

04082-003

Country

Brazil

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.
3. Are you filing any other petitions with this one?
☐ Yes. If yes, how many? ► ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
☐ Yes. If yes, how many? ► ☒ No
5. Are you filing any applications for dependents with this petition?
☐ Yes. If yes, how many? ► ☒ No
6. Is any beneficiary in this petition in removal proceedings?
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
☐ Yes. If yes, how many? ► ☒ No
8. Did you indicate you were filing a new petition in **Part 2**?
☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

N/A

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

Clinical Associate Professor

2. LCA or ETA Case Number

N/A

3. Address(es) where the beneficiary(ies) will work if different from address in Part 1. If you need to provide more than two additional addresses, use Part 9. Additional Information.

Address 1

Street Number and Name

655 W 8th Street

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Jacksonville

State

FL

ZIP Code

32209

Is this a third-party location?

☐ Yes ☒ No

If you answered "Yes," provide the name of the third-party organization.

N/A

Address 2

Street Number and Name

15255 Max Leggett Parkway

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Jacksonville

State

FL

ZIP Code

32218

Is this a third-party location?

☐ Yes ☒ No

If you answered "Yes," provide the name of the third-party organization.

4. Did you include an itinerary with the petition?

☐ Yes ☒ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location?

☐ Yes ☒ No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?

☐ Yes ☒ No

7. Is this a full-time position?

☒ Yes ☐ No

8. If the answer to Item Number 7. is no, how many hours per week for the position?

► N/A

9. Wages: \$ 425,000.00 per (Specify hour, week, month, or year)

► Year

10. Other Compensation (Explain)

Benefits per Employer's HR policy.

11. Dates of intended employment From: (mm/dd/yyyy) 12/01/2025

To: (mm/dd/yyyy) 11/30/2028

Part 5. Basic Information About the Proposed Employment and Employer (continued)

12. Type of Business
Higher Education/Research
13. Year Established
1853
14. Current Number of Employees in the United States
26,400
15. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☐ Yes ☒ No
16. Gross Annual Income
Not-for-Profit
17. Net Annual Income
Not-for-Profit

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. ☒ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Bazan

Given Name (First Name)

Gardenia

Title

Immigration Specialist II

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.) (continued)

2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



4/13/2025

3. Signatory's Contact Information

Daytime Telephone Number

Email Address (if any)

(352) 273-1710

ics@hr.ufl.edu

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

Huerta-Rodriguez

Andrea

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

FRAGOMEN - MIAMI

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

7000 Brooktree Rd. C9968083

☐ ☐ ☐

City or Town

State

ZIP Code

Wexford

PA

15090

Province

Postal Code

Country

USA

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

(305) 774-5800

(305) 774-6666

AHuerta@fragomen.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)

11/23/2025



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A-

2.	Page Number	Part Number	Item Number

3.	Page Number	Part Number	Item Number

4.	Page Number	Part Number	Item Number





O and P Classifications Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

University of Florida

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

- 2.a. Name of the Beneficiary

Vinicius ADAMI VAYEGO FORNAZARI

OR

- 2.b. Provide the total number of beneficiaries: One (1)

3. Classification sought (select only one box)

- ☒ a. O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- ☐ b. O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- ☐ c. O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
- ☐ d. P-1 Major League Sports
- ☐ e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- ☐ f. P-1S Essential Support Personnel for P-1
- ☐ g. P-2 Artist or entertainer for reciprocal exchange program
- ☐ h. P-2S Essential Support Personnel for P-2
- ☐ i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- ☐ j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

Please see supporting documentation.

5. Describe the duties to be performed.

Please see supporting documentation.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the O-1 or P principal.

N/A

- 7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 7.b. ☒ No.



Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

N/A

8. Does an appropriate labor organization exist for the petition?

☐ Yes ☒ No. If no, proceed to **Part 9**, and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?

☐ Yes ☐ No - copy of request attached ☒ N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

N/A- See attached letter of support

10.b. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

10.c. Date Sent (mm/dd/yyyy)

10.d. Daytime Telephone Number

O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

N/A

11.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

11.c. Date Sent (mm/dd/yyyy)

11.d. Daytime Telephone Number

12.a. Name of Management Organization

N/A

12.b. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

12.c. Date Sent (mm/dd/yyyy)

12.d. Daytime Telephone Number



Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P alien

13.a. Name of Labor Organization

N/A

13.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City or Town

State

ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

1. Name of Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

Bazan

Gardenia

2. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)

➔ *Gardenia Bazan*

11/13/2025

3. Petitioner's Contact Information

Daytime Telephone Number

Email Address (if any)

(352) 273-1710

ics@hr.ufl.edu



E-Verify

November 13, 2025

Department of Homeland Security
U.S. Citizenship & Immigration Services

Re: Confirmation of Employment Offer for Dr. Vinicius ADAMI VAYEGO FORNAZARI

Dear Sir or Madam:

This letter confirms that *University of Florida* ("UF" or the "University") wishes to employ Dr. Vinicius Adami Vayego Fornazari ("Dr. Adami Vayego Fornazari") in the temporary, full-time position of Clinical Associate Professor. At this time, we are petitioning Dr. Adami Vayego Fornazari to be granted an O-1 nonimmigrant visa based on his extraordinary ability in the field of Interventional Radiology and Endovascular Surgery. This letter serves to confirm that we are offering Dr. Adami Vayego Fornazari temporary employment for three (3) years (12/01/2025 – 11/30/2028).

UF is a major public, comprehensive, land-grant research university in Florida. It is not only the state's oldest, largest, and most comprehensive university but it is also among the most academically diverse public universities in the nation. To this end, the University has a long-standing history of established programs in international education, research, and service. It is one of only seventeen public land-grant universities that belong to the Association of American Universities. Currently, the University has over 49,000 students enrolled and staffs approximately 26,400 employees.

As a Clinical Associate Professor, Dr. Adami Vayego Fornazari will serve as faculty in the Department of Radiology, Division of Vascular and Interventional Radiology, with duties comprised of teaching, research, and patient care. In this role, his responsibilities will include—but not be limited to—providing the following services under the direct supervision of a faculty member with an unrestricted Florida medical license:

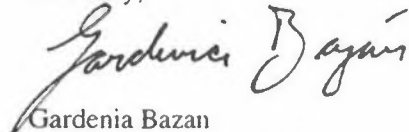
- Providing patient care in all aspects of vascular and interventional radiology, including image guided diagnostic and therapeutic procedures;
- Actively participating in the clinical education and training of medical students, residents, and fellows;
- Contributing to the development and delivery of educational programs and curricular improvements within the division and department;
- Engaging in scholarly activity, including clinical or translational research, quality improvement initiatives, or academic publication;
- Collaborating with multidisciplinary teams to advance interventional radiology practices and patient outcomes;
- Mentoring residents and trainees, in both clinical and academic settings;

- Participating in departmental and institutional committees, conferences, and administrative activities, as required;
- Maintaining an active clinical practice aligned with institutional goals and best practices in patient care; and
- Performing other related duties within the scope of the position, as required.

As compensation for these professional services, Dr. Adami Vayego Fornazari will receive an annual salary of \$425,000.00.

If you have any questions regarding the foregoing, please do not hesitate to contact this office. Thank you in advance for your assistance in this matter.

Sincerely,



Gardenia Bazan
Immigration Specialist II

Letter of Support

Andrea B. Huerta-Rodriguez
Attorney-at-Law
AHuerta@Fragomen.com

FRAGOMEN

ATTORNEYS AT LAW

Fragomen Del Rey, Bernsen & Loewy, LLP
800 NW 62nd Avenue, Suite 590
Miami, FL 33126
USA

O +1 305 774 5800

F +1 305 774 6666

www.fragomen.com

November 24, 2025

Via FedEx

USCIS

Attn: Premium I-129 O (Box 660090)

2501 S. State Highway 121 Business, Suite 400

Lewisville, TX 75067-8003

RE: O-1 Nonimmigrant Visa for an Individual of Extraordinary Ability

Petitioner: University of Florida

Beneficiary: Dr. Vinicius ADAMI VAYEGO FORNAZARI

Dear Sir or Madam:

Our client, the *University of Florida* (the “University” or “UF”), seeks to classify Dr. Vinicius Adami Vayego Fornazari (“Dr. Adami Vayego Fornazari”) for an O-1 Nonimmigrant Visa, as an individual who possesses extraordinary ability in the sciences, which is demonstrated by his sustained national and international acclaim pursuant to section 101 (a)(15)(O) of the Immigration and Nationality Act (“INA”). As such, the University has offered Dr. Adami Vayego Fornazari full-time, temporary employment in the position of Clinical Associate Professor, within the Department of Interventional Radiology and Endovascular Surgery of UF College of Medicine (“COM”), located at its medical campus and facility, in Jacksonville, Florida.

THE PETITIONER: **UNIVERSITY OF FLORIDA**

UF is a major public, comprehensive, land-grant research university in Florida. It is not only the state’s oldest, largest, and most comprehensive university but it is also among the most academically diverse public universities in the nation. To this end, the University has a long-standing history of established programs in international education, research, and service. It is one of only seventeen public land-grant universities that belong to the Association of American Universities. Currently, the University has over 49,000 students enrolled and staffs approximately 26,400 employees.

We further note UF’s established tradition of employing internationally recognized professors and researchers. Accordingly, Dr. Adami Vayego Fornazari’s employment with UF is fully consistent with its existing employment patterns. As such, the University is fully committed to

providing Dr. Adami Vayego Fornazari with an environment highly conducive to maximizing the benefits of his work to mankind.

THE OFFERED POSITION:
CLINICAL ASSOCIATE PROFESSOR

As indicated, UF currently requires the full-time, temporary services of Dr. Adami Vayego Fornazari as a Clinical Associate Professor in the Department of Interventional Radiology and Endovascular Surgery, with duties comprised of teaching, research, and patient care. In this role, his responsibilities will include—but not be limited to—providing the following services under the direct supervision of a faculty member with an unrestricted Florida medical license¹:

- Providing patient care in all aspects of vascular and interventional radiology, including image guided diagnostic and therapeutic procedures;
- Actively participating in the clinical education and training of medical students, residents, and fellows;
- Contributing to the development and delivery of educational programs and curricular improvements within the division and department;
- Engaging in scholarly activity, including clinical or translational research, quality improvement initiatives, or academic publication;
- Collaborating with multidisciplinary teams to advance interventional radiology practices and patient outcomes;
- Mentoring residents and trainees, in both clinical and academic settings;
- Participating in departmental and institutional committees, conferences, and administrative activities, as required;
- Maintaining an active clinical practice aligned with institutional goals and best practices in patient care; and
- Performing other related duties within the scope of the position, as required.

As compensation for these professional services, Dr. Adami Vayego Fornazari will receive an annual salary of \$425,000.00.

¹ Dr. Adami Vayego Fornazari will be working pursuant to a Florida Medical Faculty Certificate approved upon his receipt of a social security number (*See Notice of Intent to Approve Licensure with Conditions*, attached), which he cannot apply for until he enters the United States on a valid nonimmigrant status.

THE BENEFICIARY:
DR. ADAMI VAYEGO FORNAZARI

Dr. Adami Vayego Fornazari is highly qualified in the field of Interventional Radiology and Endovascular Surgery, as demonstrated through his extensive education, which is listed below:

- **Doctor of Medicine (“M.D.”) degree**, *Padre Albino Integrated Colleges, Catavanduva Medical School* – Brazil (2009);
- **Specialist in Diagnostic Radiology**, *Institute of Medical Assistance to State Public Servants (“IAMSPE”)* – Brazil (2013);
- **Specialist in Interventional Radiology**, *Federal University of São Paulo (“UNIFESP”)* – Brazil (2014); and
- **Doctor of Science degree in Medicine**, *Federal University of São Paulo* – Brazil (2018).
 - Evaluated to be equivalent to a U.S. **Ph.D. degree in Radiological Sciences**

Additionally, Dr. Adami Vayego Fornazari has also expanded his specialized knowledge and expertise through the following professional appointments:

- **Assistant Professor, Interventional Radiology Residency**, UNIFESP (2015 – Present);
- **Assistant Professor, Interventional Radiology Residency**, IAMSPE (2015 – Present);
- **Interventional Radiologist/Medical Doctor**, *Certa Expert Care* – Brazil (2015 – Present); and
- **Owner and Medical Director**, *Medical Institute Rainter* – Brazil (2016 – Present).

Celebrating Dr. Adami Vayego Fornazari’s specialized experience, is Assistant Professor of Interventional Radiology at UF, Dr. Renato Abu Hana:

Dr. [Adami Vayego] Fornazari’s professional record reflects more than a decade of advanced interventional practice across a broad spectrum of subspecialties, including vascular, oncologic, urologic, gynecologic emergency and transplant-related interventions[.]

He holds faculty appointments as Assistant Professor of Interventional Radiology at both UNIFESP and IAMSPE—two major centers responsible for training a significant share of the next generation of specialists in Brazil. In these roles, he supervises residents, directs weekly scientific meetings, and routinely contributes to the academic instruction of trainees. These responsibilities are awarded only to

the physicians with proven technical leadership and strong academic foundations. (See **Exhibit 1**).

As a result of Dr. Adami Vayego Fornazari's impressive research and clinical accomplishments thus far, UF has offered Dr. Adami Vayego Fornazari temporary, full-time employment in the professional position of Clinical Associate Professor in the Department of Interventional Radiology and Endovascular Surgery.

Continuing his praise of Dr. Adami Vayego Fornazari as "an experienced educator and advanced clinician," is Dr. Abu Hana:

Throughout my career I have collaborated with many excellent interventional radiologists, both in the United States and internationally, and I have been consistently impressed by the **remarkable caliber of Dr. Fornazari's work and professional influence**.

[...]

It was immediately evident that he brings an exceptional level of clarity, precision, and depth to every academic exchange. **His knowledge of embolization techniques, interventional pain procedures, hepatobiliary interventions, and complex endovascular therapies became a valuable resource not only to me, but to trainees and colleagues who participated in these sessions. His ability to translate technically demanding concepts into practical, teachable elements is a hallmark of an experienced educator and an advanced clinician.**

Dr. Fornazari's professional record reflects more than a decade of advanced interventional practice across a broad spectrum of subspecialties, including vascular, oncologic, urologic, gynecologic, emergency, and transplant-related interventions. (See Exhibit 1).

As a result of his extraordinary research thus far, Dr. Adami Vayego Fornazari has established himself among the upper echelon of physicians and researchers in the field. For example, he has authored over 35 research articles published in highly esteemed, peer-reviewed journals and books, which have garnered over 240 citations, thereby ranking him among the top 1% most-cited Clinical Medicine scholars, globally. He has also been invited to present his research at national and international conferences at least 30 times. Dr. Adami Vayego Fornazari has also been invited by esteemed scientific journals in the field to review and judge manuscripts, thereby serving in a critical role as gatekeeper of knowledge dissemination. These are all qualities of a highly accomplished and well-recognized individual of extraordinary ability within the field.

ADVISORY OPINION

There is no peer group (or labor organization) for a Clinical Associate Professor or other scientist working for a university. Accordingly, we are submitting this O-1 petition without an advisory opinion for a peer group in the very narrow sense in which the regulations at 8 CFR §214.2(O)(3)(ii) define “peer group.” In the broader sense in which the regulations define a peer group as a “group or organization, which is comprised of the practitioners of the alien’s occupation who are of similar standing with the alien and which is governed by such practitioners,” we have provided peer testimony from physicians and researchers as members of a national and international fraternity of physicians, scholars, and scientists, who by virtue of the excellence of their educations, training, and backgrounds are the truest judges of the extraordinary achievements of Dr. Adami Vayego Fornazari.

EVIDENCE OF DR. ADAMI VAYEGO FORNAZARI’S INTERNATIONAL ACCLAIM IN THE FIELD OF INTERVENTIONAL RADIOLOGY AND ENDOVASCULAR SURGERY

In support of the above-referenced petition, we submit documentation qualifying Dr. Adami Vayego Fornazari under the following six (6) criteria:

1. ***Exhibit “1”*** – Evidence of Dr. Adami Vayego Fornazari’s Original Scientific or Scholarly-related Contributions of Major Significance in the Field;
2. ***Exhibit “2”*** – Evidence of Dr. Adami Vayego Fornazari’s Authorship of Scholarly Articles in Professional Journals, Books, or Other Major Media in the Field;
3. ***Exhibit “3”*** – Evidence of Dr. Adami Vayego Fornazari’s Participation on a Panel, or Individually, as a Judge of the Work of Others in the Same or Allied Field;
4. ***Exhibit “4”*** – Published Material in Professional or Major Trade Publications, Newspapers, or Other Major Media Outlet(s) about Dr. Adami Vayego Fornazari and his Work in the Field;
5. ***Exhibit “5”*** – Documentation of Dr. Adami Vayego Fornazari’s Receipt of Nationally or Internationally Recognized Prizes or Awards for Excellence in the Field; and
6. ***Exhibit “6”*** – Evidence that Dr. Adami Vayego Fornazari is being Paid a High Salary or Other Remuneration for Services, as Evidenced by Contracts or Other Reliable Evidence.

EXHIBIT 1: EVIDENCE OF DR. ADAMI VAYEGO FORNAZARI’S ORIGINAL OR SCHOLARLY RESEARCH CONTRIBUTIONS

Dr. Adami Vayego Fornazari has made a number of valuable discoveries/contributions to the

field of Interventional Radiology and Endovascular Surgery; contributions that have elevated him to a level of international acclaim and distinction. To fully grasp the impressive nature of Dr. Adami Vayego Fornazari's novel contributions, however, it is important to first understand the complexity of the field of Interventional Radiology and Endovascular Surgery.

Interventional Radiology is the study of using medical imaging to guide minimally invasive procedures. Conversely, Endovascular Surgery is a minimally invasive surgical procedure that addresses diseases within blood vessels. In this regard, Interventional Radiology and Endovascular Surgery are interrelated in that Interventional Radiology guides Endovascular Surgeries. Dr. Adami Vayego Fornazari performs surgical procedures utilizing a variety of techniques, including CT scans, ultrasounds, catheters, guidewires, stents, and needles. He also employs advanced technologies, such as 3D software, fusion imaging, and AI-assisted image analysis, to improve the efficiency of procedures. Dr. Adami Vayego Fornazari utilizes his expertise and specialized skillset to increase access and outcomes of life-saving, minimally invasive procedures, such as cancer, vascular disorders, and emergencies.

I. DR. ADAMI VAYEGO FORNAZARI'S RESEARCH STUDIES & PROJECTS:

1. Unveiling New Perspectives on Quality of Life and Uterine Contractility through Critical MRI-Based Assessments

One of Dr. Adami Vayego Fornazari's most significant contributions to the field of Interventional Radiology and Endovascular Surgery involves uterine fibroid embolization ("UFE"), which is a minimally invasive procedure that treats symptomatic uterine fibroids by blocking their access to a blood supply and subsequently leading to shrinkage. Uterine fibroids are benign tumors that grow on the muscular wall of the uterus. Although these tumors are not always symptomatic, when symptoms are present, they can be extremely painful, causing heavy menstrual bleeding, pelvic pain, frequent urination, and back pain. According to *John Hopkins Medicine*, approximately "20-70 percent of women will develop fibroids during their reproductive years."² Thus, this is a health concern affecting a large portion of the population. Furthermore, severe cases of uterine fibroids can negatively impact fertility and pregnancy.³

Dr. Adami Vayego Fornazari has conducted several original studies on UFE procedures and the effect on quality of life. The first part of Dr. Adami Vayego Fornazari's study used MRI scans to evaluate uterine contractility—the relaxing and tightening of the muscles—in women undergoing UFE. The purpose of this study was to examine the effectiveness of UFE procedures. As Lead Researcher, Dr. Adami Vayego Fornazari led all aspects of the study, including development, experimentation, analysis, and drafting peer-reviewed articles. Through this critical study, Dr. Adami Vayego Fornazari determined that on average, UFE significantly improves uterine contractility. These findings critically inform future studies on the effect of uterine fibroids—

² John Hopkins Medicine, *Uterine Fibroids: Q&A with an Expert* (2025) <https://www.hopkinsmedicine.org/health/conditions-and-diseases/uterine-fibroids-qa-with-an-expert>.

³ John Hopkins Medicine.

from pain to fertility, while simultaneously further advancing minimally invasive treatments.

Expanding upon his uterine fibroid research, Dr. Adami Vayego Fornazari explored the effect of uterine contractility and UFE on quality of life. Notably, prior to Dr. Adami Vayego Fornazari's work, research on the effect of UFE on uterine contractility focused on physical improvements. Dr. Adami Vayego Fornazari's study, however, included an added layer of analysis into this examination—quality of life. As Lead Researcher, Dr. Adami Vayego Fornazari performed all the procedures and collected all the data. He also led the analysis and drafting of manuscripts. Significantly, through this study, Dr. Adami Vayego Fornazari revealed that improved uterine contractility led to a positive impact on both quality of life and sexual function. Therefore, performing UFEs on individuals with uterine fibroids not only increases uterine contractility but also quality of life. These findings provide a significant benefit to women's health by expanding the connection between quality of life, sexual function, and fertility with UFE procedures.

Stressing the international significance of Dr. Adami Vayego Fornazari's research on uterine contractility, is Dr. Abu Hana:

[Dr. Adami Vayego Fornazari's] research particularly in UFE—has contributed to significant advances in the field. His work on MRI-based assessment of uterine contractility, quality-of-life outcomes after embolization, and refinements in embolization techniques has been cited internationally and has been presented at major academic meetings in Europe and Latin America, including CIRSE and SOBRICE. (See **Exhibit 1**).

Dr. Adami Vayego Fornazari began this research as a part of his Ph.D. dissertation, titled, *“Analysis of Uterine Contractility, Endometrium and Ovaries by MRI in Patients Undergoing Fibroid uterine Artery Embolization.”* Notably, Dr. Adami Vayego Fornazari published his novel findings in multiple peer-reviewed journals with international circulation. He has also been invited to present his impressive research at various international and national conferences and events. (See **Exhibit 2**).

Praising the ingenuity and impact of Dr. Adami Vayego Fornazari's contributions on reproductive physiology and women's health, is Dr. Salazar:

[Dr. Adami Vayego Fornazari's] scientific contributions are both innovative and impactful. His PhD thesis, *“Analysis of Uterine Contractility, Endometrium and Ovaries by MRI in Patients Undergoing Fibroid Uterine Artery Embolization,”* has been **published in top-tier journals and was featured on the Society of Interventional Radiology's 2023 Research Consensus Panel on Reproductive Outcomes.** This work has helped shape clinical understanding of post-embolization reproductive physiology and informed best practices in women's health. (See **Exhibit 1**).

2. Deepening the Understanding of Percutaneous Procedures

Another one of Dr. Adami Vayego Fornazari's significant contributions to the field of Interventional Radiology and Endovascular Surgery is his advancements to percutaneous procedures, which is a minimally invasive medical treatment that involves inserting a needle or catheter through the skin. A percutaneous approach can be used to address diseases or health concerns in several areas, including kidney stones, spinal conditions, and gallstones. Dr. Adami Vayego Fornazari has conducted several studies on percutaneous procedures, both in terms of health outcomes and cost effectiveness. Dr. Adami Vayego Fornazari's approach to healthcare analysis is unique in that he examines not only the immediate, direct impacts of minimally invasive procedures but also the longer-term effects on issues concerning accessibility and quality of life—areas often lacking within scientific research.

Through Dr. Adami Vayego Fornazari's numerous studies on such procedures, he has expanded field knowledge on not only employing percutaneous surgical techniques but also addressing potential procedural complications. For example, using a computed tomography angiography ("CTA"), Dr. Adami Vayego Fornazari discovered a safe and effective approach to addressing hemorrhagic complications from percutaneous renal procedures, which is critical to advancing the use and accessibility of percutaneous procedures, particularly in that Dr. Adami Vayego Fornazari's discovery provides tools and knowledge to address complications.

Dr. Adami Vayego Fornazari has presented his critical findings at prominent, international conferences and published his findings in peer-reviewed journals with international circulation. Among those, for example, is his 2019 article published in *Radiologia Brasileira*, titled, "*Percutaneous Nephrostomy Versus Antegrade Double-J Stent Placement in the Treatment of Malignant Obstructive Uropathy: A Cost-Effectiveness Analysis from the Perspective of the Brazilian Public Health Care System*," which has garnered **35 citations**, ranking it among the **top 10% most-cited** Clinical Medicine articles, published in 2019. (See **Exhibits 2,4**).

Attesting to these facts as well as Dr. Adami Vayego Fornazari's notable research accomplishments and standing as an individual of extraordinary ability are many internationally recognized researchers and professionals. Dr. Adami Vayego Fornazari has made many significant contributions to his field as evidenced in the letters from other top researchers in his field, attached for your review, as **Exhibit 1**.

II. DR. ADAMI VAYEGO FORNAZARI'S RESEARCH PUBLICATIONS AS 1ST/LEAD AUTHOR:

Finally, the important, original, scientific contributions that Dr. Adami Vayego Fornazari has made to the field thus far are also exhibited through his published works in prominent peer-reviewed journals in the field; especially, through those for which he served as first author and/or lead researcher; a list of which are included for your review under **Exhibit 2**. Scientific journals within the field require research articles to be original, noteworthy, and credible to be published.

Articles submitted for publication must first pass through a peer-review process to be published. Therefore, the fact that Dr. Adami Vayego Fornazari has published several articles in prominent peer-reviewed journals in the field is particularly noteworthy in demonstrating the originality and significance of his work.

This is particularly true as it relates to those articles for which he served as First, Lead, and/or Co-First Author. In academic publishing, the lead/first author, is the first-named author of a publication, such as a research article or audit. Though academic authorship standards vary widely across disciplines, generally, the lead author is considered the main architect of a paper as well as the corresponding author. As such, being the lead (and/or corresponding) author of a published article indicates that the individual has not only (1) substantially contributed to the research paper's development but also (2) is in a leading position to address comments from reviewers by consulting other authors. Therefore, the fact that Dr. Adami Vayego Fornazari has published his work in prominent peer-reviewed journals in the field and has also served as the First, Lead, Co-First, and Corresponding Author on several publications provides further evidence of the original, scientific contributions he has made to the field thus far.

For further evidence of Dr. Adami Vayego Fornazari's original scientific contributions/discoveries, enclosed please find evidence of his articles that have been published in high-ranking peer-review journals, enclosed for your review under **Exhibit 2**.

EXHIBIT 2:

EVIDENCE OF DR. ADAMI VAYEGO FORNAZARI'S AUTHORSHIP OF SCHOLARLY ARTICLES AND BOOK CHAPTERS

In addition to Dr. Adami Vayego Fornazari's original scientific and scholarly research contributions, he has also authored numerous scholarly articles in the field of Interventional Radiology and Endovascular Surgery. To this end, his seminal work has been published in leading peer-reviewed journals in the field that require original, innovative research to be published. A list of which is included below for your review:

Peer-Reviewed Publications and Book Chapters:

1. V. Adami Vayego Fornazari, *Interventional Pain Treatments, Interventional Radiology (Tratamentos Intervencionistas da Dor – Coleção Radiologia Intervencionista)*, Brazilian Intrvnt'l. Radiol. & Endovasc. Surg. Soc. ("SOBRICE") (2026) (In-Edition);
2. M.G. Cintra Borba, R.A. Hana, D.R. Goppireddy, G.A. Adler, V. Adami Vayego Fornazari, *Stent and Angioplasty in Interventional Radiology, Livro Radiologia Intervencionista Descomplicada – Introdução à Cirurgia Guiada Por Imagem* (In-Progress);
3. P. Henriques da Silva, **V. Adami Vayego Fornazari**, et. al., *Superior Hypogastric Nerve Block (Shnb) for Pain Control After Uterine Artery Embolization (UAE): A Nonblinded*

Quasi-Randomized Clinical Trial, J Vasc & Intervent Radiol (“JVIR”) (In Progress);

4. **V. Adami Vayego Fornazari**, et. al., *Enhanced Myometrial Vascularity: Tailored Superselective Flow-Reduction Uterine Artery Embolization for Fertility Preservation*, Cardiovasc Intervent Radiol (“CVIR”) (In Progress);
5. T. Franchi Nunes, R. Dahmer Rocha, B. Ruiz Wehling Ilgenfritz, F. Scavone Stefanini, **V. Adami Vayego Fornazari**, et. al., *Ultrasound-Guided Transperineal Prostate Thermal Ablation (TPTA) for Benign Prostatic Hyperplasia: Feasibility of an Outpatient Procedure Using Radiofrequency Ablation*, CVIR. (2024);
6. **V. Adami Vayego Fornazari**,⁴ et. al., *Versatility of Percutaneous Interventional Radiology Gastrostomy: Why Not the First Option!* CVIR. (2023);
7. **V. Adami Vayego Fornazari**,⁵ J.M. Da Motta-Leal-Filho, *Challenges of Interventional Radiology in Brazil!* CVIR. (2022);
8. T.F. Nunes, R. Inchingolo, R. Morais Net, T.K. Tibana, **V. Adami Vayego Fornazari**, et. al., *Long-Term Results of Oversized Balloon Dilation for Benign Anastomotic Biliary Strictures: Initial Two-Center Experience*, Radiol Bras. (2022);
9. **V. Adami Vayego Fornazari**, et. al., *Radiological Physics*, Angiol, Vasc & Endovasc Surg Encyclo (Física Radiológica – Tratado de Angiologia, Vascular e Cirurgia Endovascular) (2022);
10. **V. Adami Vayego Fornazari**, R.F.T. Santos, *Radiological Contraste Media*, EndovascSurg Encyclo. (Meio de Contraste Radiológico – Tratado de Cirurgia Endovascular) (2022);
11. **V. Adami Vayego Fornazari**, *Uterine Fibroid Embolization*, Endovasc Surg Encyclo. (Embolização de Miomas Uterinos – Tratado de Cirurgia Endovascular) (2022);
12. **V. Adami Vayego Fornazari**,⁶ et. al., *Endovascular Treatment of Abdominal Aortic Rupture After Percutaneous Lithotripsy*, Radiol Bras. (2021);
13. F.L. Chazan, T.C.S. Bonetti, M.T.V. Gomes, **V. Adami Vayego Fornazari**, et. al., *Extracellular Matrix Metalloproteinase Expression in Endometrial Tissue After Arterial Embolization of Myomas*, Clinics (2021);

⁴ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

⁵ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

⁶ Dr. Adami Vayego Fornazari is listed as 1st Author of this publication. (See **Exhibit 2**).

14. T.F. Nunes, R.F.T. Santos, T.K. Tibana, T.A. Domingos, E. Marchiori, **V. Adami Vayego Fornazari**, et. al., *Percutaneous Transhepatic Placement of Plastic Biliary Stents: Technical Description and Preliminary Results*, *Abdom Radiol* (2021);
15. **V. Adami Vayego Fornazari**,⁷ et. al., *Hemorrhagic Complications After Percutaneous Nephrolithotomy: Angiographic Diagnosis and Management by Transcatheter Arterial Embolization*, *Radiol Bras.* (2020);
16. T.F. Nunes, T.K. Tibana, R.F.T. Santos, B.B. De Faria, **V. Adami Vayego Fornazari**, et. al., *Percutaneous Access for the Diagnosis of Urothelial Neoplasms: Pictorial Essay with Anatomopathological Correlation*, *Radiol Bras.* (2020);
17. **V. Adami Vayego Fornazari**,⁸ et. al., *Impact of Uterine Contractility on Quality of Life of Women Undergoing Uterine Fibroid Embolization*, *CVIR Endovasc.* (2019);
18. T.K. Tibana, **V. Adami Vayego Fornazari**, et. al., *What the Radiologist Should Know About the Role of Interventional Radiology in Urology*, *Radiol Bras.* (2019);
19. T.K. Tibana, R.M. Grubert, C.M.D.R. Da Silva, **V. Adami Vayego Fornazari**, et. al., *Percutaneous Cholangioscopy for the Treatment of Choledocholithiasis*, *Radiol Bras.* (2019);
20. T.K. Tibana, R.M. Grubert, R.F.T. Santos, **V. Adami Vayego Fornazari**, et. al., *Percutaneous Nephrostomy Versus Antegrade Double-J Stent Placement in the Treatment of Malignant Obstructive Uropathy: A Cost-Effectiveness Analysis from the Perspective of the Brazilian Public Health Care System*, *Radiol Bras.* (2019);
21. A.V.B. Castilho, D. Szejnfeld, D. Nalli, **V. Adami Vayego Fornazari**, et. al., *A Study of Radiation Doses to the Patient and Medical Team at Embolization Procedures*, *J Radi Protec & Rsrch* (2019);
22. T.K. Tibana, R.M. Grubert, **V. Adami Vayego Fornazari**, et. al., *The Role of Percutaneous Transhepatic Biliary Biopsy in the Diagnosis of Patients with Obstructive Jaundice: An Initial Experience*, *Radiol Bras.* (2019);
23. **V. Adami Vayego Fornazari**,⁹ et. al., *Evaluation of Uterine Contractility by Magnetic Resonance Imaging in Women Undergoing Embolization of Uterine Fibroids*, *CVIR* (2019);
24. *Elaboration of Life Support in Radiology and Interventional Radiology Algorithms*, Fundação Instituto de Pesquisa e Estudo de Diagnóstico por Imagem ("FIDI") – (2019);

⁷ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

⁸ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

⁹ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

25. **V. Adami Vayego Fornazari**,¹⁰ et. al., *Functional Magnetic Resonance Imaging for Clinical Evaluation of Uterine Contractility*, Einstein (2018);
26. **V. Adami Vayego Fornazari**, et. al., *Lower Limbs Venous Thrombosis Investigation by Intensive Care Doctor*, Ultrasound Inten & Emer Care, (Pesquisa de Trombose Venosa de Membros Inferiores Pelo Intensivista – Ultrasonografia na Terapia Intensiva e Medicina de Urgência) (2018);
27. **V. Adami Vayego Fornazari**, et. al., *Ultrasound Guided Vascular Access*, Ultrasound Inten & Emer Care (Acesso Vascular guiado por Ultrassom – Ultrasonografia na Terapia Intensiva e Medicina de Urgência) (2018);
28. **V. Adami Vayego Fornazari**, et. al., *Gynaecology Complementary Imaging Exams*, Gyn Encyclo. (Exames Radiológicos Complementares em Ginecologia – Tratado de Ginecologia) (2017);
29. L. Cardarelli-Leite, **V. Adami Vayego Fornazari**, et. al., *The Value of Percutaneous Transhepatic Treatment of Biliary Strictures Following Pediatric Liver Transplantation*, Radiol Bras. (2017);
30. **V. Adami Vayego Fornazari**, *Radiological Contrast Media*, Endovasc Surg Encyclo. (Meios de Contraste Radiológico – Tratado de Cirurgia Endovascular) (2016);
31. **V. Adami Vayego Fornazari**, *Uterine Fibroid Embolization*, Endovasc Surg Encyclo. (Embolização de Miomas Uterinos – Tratado de Cirurgia Endovascular) (2016);
32. **V. Adami Vayego Fornazari**, R.M. Takehara, S.M. Goldman, *Kidney Neoplasm Process*, Image Diagn. (Processos Neoplásicos Renais – Diagnóstico por Imagem) (2016);
33. **V. Adami Vayego Fornazari**, J.F. Faria, S.M. Goldman, *Adrenal Gland Pathologies*, Image Diagn. (Patologias da Glândula Suprarrenal – Diagnóstico Por Imagem) (2016);
34. **V. Adami Vayego Fornazari**, G.Q. Rosas, S.M. Goldman, *Urinary Lithiasis*, Image Diagnosis (Litíase Urinária – Diagnóstico por Imagem) (2016);
35. D. Szejnfeld, T.F. Nunes, **V. Adami Vayego Fornazari**, et. al., *Transcatheter Arterial Embolization for Unresectable Symptomatic Giant Hepatic Hemangiomas: Single-Center Experience Using A Lipiodol-Ethanol Mixture*, Radiol Bras. (2015);
36. **V. Adami Vayego Fornazari**,¹¹ et. al., *Interventional Radiology and Endovascular Surgery*

¹⁰ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

¹¹ Dr. Adami Vayego Fornazari is listed as 1st and Corresponding Author of this publication. (See **Exhibit 2**).

in the Treatment of Ectopic Pregnancies, Einstein (2015);

37. D. Szejnfeld, **V. Adami Vayego Fornazari**, et. al., *Endovascular Management of Massive Hemobilia as a Late Complication of Percutaneous Biliary Drainage in a Pediatric Liver Transplant Recipient: A Case Report*, Transplant Proc. (2014);
38. A.A.G. Vivi, **V. Adami Vayego Fornazari**, A.E. Fornazari, *Thyroid Gland Imaging Methods*, Surg Treatment Thyroid Dis. (Métodos de Imagem da Glândula Tireóide – Tratamento Cirúrgico das doenças da Tireóide) (2012); and
39. *Life Support Course in Radiology and Interventional Radiology Manual*, Suporte Avançado à Vida em Radiologia (2011).

Recognizing the international influence of Dr. Adami Vayego Fornazari’s research on “clinical protocols and public health policy,” is Dr. Salazar:

Dr. Fornazari is a distinguished physician, researcher, and educator whose work has significantly advanced the science and practice of Interventional Radiology[.]

[...]

Dr. Fornazari has authored numerous peer-reviewed studies that have influenced clinical protocols and public health policy, including:

- **Transcatheter arterial embolization for giant hepatic hemangiomas**, demonstrating novel use of lipiodol-ethanol mixtures.
- **Cost-effectiveness analysis of percutaneous nephrostomy vs. antegrade double-J stent placement** for malignant obstructive uropathy, which has guided resource allocation in Brazil’s public health system.
- **Minimally invasive techniques for biliary obstruction**, including percutaneous transhepatic biopsy and stent placement in post-transplant patients.
- **Embolization for hemorrhagic complications following nephrolithotomy**, providing life-saving interventions in urological emergencies.
- **Ultrasound-guided transperineal prostate thermal ablation (TPTA)** for benign prostatic hyperplasia, advancing outpatient procedural innovation. (See Exhibit 1).

In addition to having an impressive number of publications thus far, Dr. Adami Vayego Fornazari’s extraordinary contributions thus far are also demonstrated by the quality of those journals in which he has published his work, as recognized by reliable sources within the field,

such as SCImago¹² and Thomson Reuters. For example, Thomson Reuters assigns scientific journals a yearly Impact Factor (“IF”), which represents the mean citation rate during that year of the papers published in that journal during the prior two years. Career position and prestige of those authors publishing their work in the journal—and the importance of their research to the field—is often indicated by this mutually reinforcing measure of quality. Similarly, SCImago is another reliable source that is also helpful in determining the prestige and international recognition or impact of a certain journal. In doing so, SCImago also ranks journals based on categories and fields and also assigns journals an “H-Index,” which is an author-level metric that attempts to measure both the productivity and citation impact of the publications in each journal. It expresses the number of articles published in a journal that have received at least h citations.

To this end, the chart below summarizes the impressive IF, H-Index, and Rank(s) of those prestigious and internationally recognized journals in which Dr. Adami Vayego Fornazari has published his work:

Journal Name	IF ¹³	H-Index	Ranking ¹⁴
<i>Abdominal Radiology</i>	2.2	91	# 16 – Radiological and Ultrasound Technology
<i>Clinics</i>	2.4	83	#9 – Medicine (Misc.) (Brazil)

As you can see, Dr. Adami Vayego Fornazari has published his work in some of the field’s most prominent peer-reviewed journals, which are recognized as leading sources in the field that boast high IFs, H-Indexes, and ranks, and thus, further demonstrate Dr. Adami Vayego Fornazari’s role as an individual of extraordinary ability who has achieved national and international recognition and acclaim.

Praising Dr. Adami Vayego Fornazari’s “prolific” authorship, is Chief of the Interventional Radiology Department at UF COM – Jacksonville, Dr. Grit Armstrong Adler:

Dr. Fornazari is also a prolific scholar whose work has contributed meaningfully to the advancement of interventional radiology. He has authored numerous peer-reviewed publications and book chapters addressing complex minimally invasive therapies, and several of his studies—particularly in uterine fibroid embolization and interventional pain management—are widely cited and used as reference material in educational and training settings. (See Exhibit 1).

In addition, Dr. Adami Vayego Fornazari’s publications in professional journals and book chapters, his work continues to be presented at leading national and international conferences in

¹² SCImago, (n.d.). SJR — SCImago J. & Country Rank, <http://www.scimagojr.com>.

¹³ See <http://www.researchgate.net/publication/326096765>.

¹⁴ See <https://www.scimagojr.com/>.

the field. A sample of some of Dr. Adami Vayego Fornazari's most significant speaking engagements is listed below:

Abstracts/Conference Proceedings:

1. **Poster Presentation** – *Ultrasound-Guided Transvaginal Drainage with Inferior Hypogastric Plexus Block: Case Report with Technique Illustration*, SOBRICE Cong. – Brazil (Oct. 2025);
2. **Poster Presentation** – *Visual Appearance vs. Culture: The Fallacy of 'Sterile Fluid' in Superficial Drainages*, SOBRICE Cong. – Brazil (Oct. 2025);
3. **Speaker** – *How to Open My Practice? Tips and Tricks*, SOBRICE Cong. – Brazil (Oct. 2025);
4. **Abstracts Presentation** – *Enhanced Myometrial Vascularity: A New Angiographic Perspective*, SIR 2025 Ann. Sci. Mtg. – Nashville (Mar. 2025);
5. **Abstracts Presentation** – *Improvement of Uterine Contractility and Quality Life After Uterine Fibroid Embolization*, SIR 2025 Ann. Sci. Mtg. – Nashville (Mar. 2025);
6. **Poster Presentation** – *Enhanced Myometrial Vascularity: A New Perspective on Uterine Fistulas*, SOBRICE Cong. – Brazil (Oct. 2024);
7. **Speaker** – *Stent Placement in High Biliary Obstructions*, SOBRICE Cong. – Brazil (Oct. 2024);
8. **Presentation** – *Locoregional Interventional Treatments of Liver Tumors*, Uruguay Intrvnt'l. Radiol. Journey – Uruguay (Oct. 2024);
9. **Poster Presentation & Speaker** – *Luschka Duct Embolization in a Pediatric Patient: A Minimally Invasive and Promising Procedure*, SOBRICE Cong. – Brazil (Oct. 2023);
10. **Poster Presentation & Speaker** – *Embolization of the Hemorrhoidal Plexus in a Patient with Lower Gastrointestinal Bleeding*, SOBRICE Cong. – Brazil (Oct. 2023);
11. **Speaker** – *SOBRICE: Interventional Treatment of Vascular Pain*, Brazilian Soc. Intrvnt'l. Physicians ("SOBRAMID") Cong. – Brazil (2023);

12. **Speaker** – *Palliation in Oncologic Intervention*, SRio – Intrvnt’l. Radiol. Onco. Sym. – Brazil (Apr. 2023);
13. **Poster Presentation & Speaker** – *Percutaneous Biopsy of Orbital Lesions: A Case Series*, SOBRICE Cong. – Brazil (Oct. 2022);
14. **Speaker** – *Evaluation of Image in the Control Post Interventional Procedures – Control Post Fibroids Embolization*, Brazilian Cong. Radiol. (“CBR”) – Brazil (Sept. 2022);
15. **Speaker** – *Ablation of Osteoid Osteoma from A to Z*, SOBRAMID – Brazil (Dec. 2021);
16. **Speaker** – *Palliative Care*, SOBRICE Cong. – Brazil (Oct. 2021);
17. **Speaker** – *The Role of the Interventional Radiologist in Ectopic Pregnancy*, SOBRICE Cong. – Brazil (Oct. 2021);
18. **Speaker** – *Fibroid Embolization and Fertility: Update*, SOBRICE Cong. – Brazil (Oct. 2021);
19. **Speaker** – *Pain Interventional Treatments*, Colombian Radiol. Assoc. (“ACR”), Intrvnt’l. Radiol. Cong. – Virtual (Oct. 2021);
20. **Presentation** – *Benign Hepatic Nodules: When to Treat?* SOBRICE Cong.– Brazil (Oct. 2021);
21. **Poster Presentation** – *Long-Term Results of Oversized Balloon Dilatation for Benign Anastomotic Strictures: Initial Two-Center Experience with the "ABSinTO" Technique*, Cardiovasc. Intrvnt’l. Radiol. & Endovasc. Surg. from Europe (“CIRSE”) Ann. Cong. – Virtual (Sept. 2021);
22. **Poster Presentation** – *Percutaneous Transhepatic Placement of Plastic Biliary Stents: Technical Description and Preliminary Results*, CIRSE Ann. Cong. – Virtual (Sept. 2021);
23. **Presentation** – *Interventional Treatments in Female Pelvic Pain*, El Coliseo – Intrvnt’l. Radiol. Clin. Sess. – Latin-Am. Webinar – Virtual (Nov. 2020);
24. **Poster Presentation & Speaker** – *Evaluation of Medical Academic Knowledge on Interventional Radiology at the Largest Federal University from Brazil*, CIRSE – Virtual (Sept. 2020);

25. **Poster Presentation** – *Ultrasound-Guided Salivary Glands Injection of Botulinum Toxin-A: Interventional Approach for Treating Sialorrhea*, CIRSE – Virtual (Sept. 2020);
26. **Speaker** – *Cholangio Biopsy: Techniques and Indications*, SOBRICE Cong. – Virtual (Oct. 2020);
27. **Speaker** – *Embolization 3: Women's Health: Impact of Uterine Embolization on Myometrial Contractility*, SOBRICE) – Brazil (2019);
28. **Presentation** – *Interventional Radiology Hands-On Experience*, Mentice Workshop – MA, USA (Nov. 2019); and
29. **Speaker** – *Impact of Uterine Embolization on Myometrial Contractility*, CIRSE – Spain (Sept. 2019).

Enclosed please find a sampling of Dr. Adami Vayego Fornazari's publications and presentations, attached for your review as **Exhibit 2**.

EXHIBIT 3:
EVIDENCE OF DR. ADAMI VAYEGO FORNAZARI'S PARTICIPATION AS THE JUDGE OF THE
WORK OF OTHERS

Dr. Adami Vayego Fornazari is considered a physician and researcher of the highest caliber. As such, he has been asked to serve as the judge of the work of others in reviewing submissions for several leading scientific journals with international circulation in the field. For example, Dr. Adami Vayego Fornazari has reviewed articles submitted for publication in the following leading scientific peer-reviewed journals in his field:

Role as an Editor:

- **Editor**, *Cardiovascular and Interventional Radiology Journal* ("CVIR") – *ONCOLOGY* (2025 – Present)
- **Editor**, CVIR (2019 – Present)

Role on a Panel/Committee:

- **Director**, SOBRICE, Department of Pain and Palliative Care (2025 – Present)
- **Board Certification Committee Member**, SOBRICE, Interventional Radiology and Angioradiology (2017 – Present)

- **Certification Board Committee Member**, Angiology and Vascular Surgery Society (“SBACV”), Endovascular Surgery (2019 – Present)
- **President and Moderator**, SOBRAMID Congress: SOBRICE (2025)
- **Scientific Committee Member**, SOBRICE Congress (2021 – 2025)
- **Moderator**, SOBRICE Congress, Non-Oncologic Pain Session (2024)
- **Chair and Moderator**, SOBRICE Congress, Pain Intervention Session (2023 – 2025)
- **Member**, SOBRICE Professional Defense Committee (2023 – 2024)
- **Moderator**, SOBRAMID Congress: SOBRICE (2023)
- **Radiofrequency Committee Member**, Brazilian Society of Pain Study (“SBED”) (2022 – 2023)
- **Scientific Committee Member**, SOBRAMID Congress (2021 – 2023)
- **Debater**, CBR, Evaluation of Image in the Control Post Interventional Procedures – Debate (2022)
- **Chair**, SOBRICE Congress, Palliative Care (2021)
- **Moderator**, CBR, General Ultrasound (2020)

Speaking to the prestige of Dr. Adami Vayego Fornazari’s “high-level leadership” listed above, is Dr. Abu Hana:

Dr. [Adami Vayego] Fornazari holds several high-level leadership and scientific positions that demonstrate his recognition by peers. **His role as Director of the Interventional Pain Department at SOBRICE—Brazil’s national interventional radiology society—places him at the forefront of developing educational programs, professional guidelines, and national initiatives for the specialty. Leadership positions at SOBRICE are attained through nomination by senior members and require clear evidence, academic productivity, and professional reputation.**

He also serves on multiple certification committees that oversee national board examinations in Interventional Radiology, Angio radiology, and Endovascular Surgery[.]

These committees establish training standards and certify new specialists. **Appointment to these committees is a selective process reserve only for specialists with acknowledged authority and proven mastery of the discipline.** (See Exhibit 1).

Role as an Ad Hoc Reviewer:

- **Scientific Journal Reviewer**, CVIR – ONCOLOGY
- **Scientific Journal Reviewer**, Journal of Vascular and Interventional Radiology (“JVIR”)
- **Scientific Journal Reviewer**, CVIR
- **Conference Poster Reviewer**, SOBRICE Congress
- **Scientific Journal Reviewer**, Brazilian Radiology Journal (“RBJ”), CBR

Stressing the magnitude of Dr. Adami Vayego Fornazari’s editorial and roles is Dr. Adler:

[Dr. Adami Vayego Fornazari] serves in editorial and peer-reviewer roles for highly respected journals such as *CVIR* and the *JVIR*. **These positions are offered only to individuals with demonstrated expertise, outstanding academic credentials, and a strong publication record. Serving as a reviewer for these journals is considered a mark of distinction**, as editors rely on recognized experts in the field to evaluate scientific rigor, methodological quality, and the clinical relevance of manuscripts. **His selection for these roles reflects both national and international recognition of his authority and trusted judgment within the interventional radiology community.** (See Exhibit 1).

The most important role in Interventional Radiology and Endovascular Surgery is that of a reviewer. All the publications must go through a peer-review process to be eligible for publication. Each article is judged for its validity, significance, and originality of the research presented therein. This process ensures no false or redundant information is transmitted to readers, the target audience of which is comprised of other experts and practicing physicians. As such, by ensuring the quality and accuracy of the publications reproduced and disseminated to the public, these journals play a particularly important role in the field. To this end, the journals’ editorial board members and reviewers play a similarly important role. Therefore, by standing at the gateway of medical information processing, Dr. Adami Vayego Fornazari plays a very important role by judging the work of his peers.

Emphasizing Dr. Adami Vayego Fornazari’s position as “a recognized leader in the field,” as demonstrated by his various editorial and committee roles, is Dr. Salazar:

Dr. [Adami Vayego] Fornazari is a recognized leader in the field. He serves as

Director of the Interventional Pain Department at SOBRICE, is a **scientific reviewer for leading journals** such as *Cardiovascular and Interventional Radiology (CVIR)* and *Journal of Vascular and Interventional Radiology (JVIR)*, and is the founder of RAINTER Medical Institute, which delivers interventional radiology services to multiple hospitals in São Paulo. (See **Exhibit 1**).

Echoing similar sentiments is Dr. Abu Hana:

Dr. [Adami Vayego] Fornazari's editorial contributions further reinforce his international standing. He serves as a scientific reviewer for **CVIR, CVIR-Oncology, JVIR, and the Brazilian Radiology Journal**, among others. **These peer-review responsibilities are extended only to researchers with a strong publication record, demonstrated subject-matter expertise, and an international academic footprint.** His selection as a reviewer for some of the most respected journals in our field is clear evidence that his judgment and scientific insight are trusted by global editorial boards. (See **Exhibit 1**).

Enclosed please find evidence of Dr. Adami Vayego Fornazari's participation as the judge of the work of others, attached for your review as **Exhibit 3**.

EXHIBIT 4:

PUBLISHED MATERIAL IN PROFESSIONAL PUBLICATIONS, NEWSPAPERS OR OTHER MAJOR MEDIA ABOUT DR. ADAMI VAYEGO FORNAZARI OR HIS WORK IN THE FIELD OF INTERVENTIONAL RADIOLOGY AND ENDOVASCULAR SURGERY

Dr. Adami Vayego Fornazari's original contributions to the field of Interventional Radiology and Endovascular Surgery are of such a quality that they have been cited by other leading scientists in the field internationally. Citation is the process of acknowledging or citing the author, year, title, and locus of publication (journal, book, etc.) of a source used or relied on in a published work. Such citations can be counted as measures of the usage and impact of the cited work. The amount of citations from other scholars is a widely recognized indicator of the importance of academic work. Dr. Adami Vayego Fornazari has been cited approximately **241 times**, placing him among the top 1% **most-cited Clinical Medicine scholars** and reinforcing his standing as an outstanding professor/researcher and internationally acclaimed scholar.

In fact, Dr. Adami Vayego Fornazari's work has been cited in leading, peer-reviewed journal with such international circulation in the field, such as:

- *Scientific Reports*
- *Annals of Medicine and Surgery*
- *Journal of Digital Imaging*
- *Quantitative Imaging in Medicine and Surgery*
- *Frontiers in Pediatrics*

Additionally, a closer look at the metrics Dr. Adami Vayego Fornazari's work has been assigned

on Google Scholar further evidences his national and international recognition. For example, Dr. Adami Vayego Fornazari's Google Scholar page indicates that he has an **i10-index of 8**. Google Scholar Metrics provide an easy way for authors to quickly gauge the visibility and influence of recent articles in scholarly publications.¹⁵ Scholar Metrics summarize recent citations to many publications, to help authors as they consider where to publish their new research. One of the methods of determining a scholar's productivity and citation impact is measured by gauging the number of publications that have at least 10 citations. This measure is referred to as the "i10-index." **Based on this measurement, Dr. Adami Vayego Fornazari has 8 publications with at least 10 citations, which further evidences his impact in the literature of Interventional Radiology and Endovascular Surgery.**

Notably, Dr. Adami Vayego Fornazari's citation record is particularly indicative of his impact on the field. This point is further illustrated by an article published by *Publication Manual*, stating:

A "research paper" is fundamentally a primary source that reports the analysis and interpretation of an original study performed by the Researcher [or researchers]. Scientific research articles offer a way for scientists to convey their message to the scientific community. ...

A citation is a reference to the source of information used in the research. It enables someone who's assessing the work to predict whether we've literally done the job or we are claiming to have done, as well as understanding the field overall. It could be depicted both a signpost and an acknowledgment. As a signpost, it indicates the site of our source. As an acknowledgment, it admits that we are obliged to that source. ...

Citing articles can validate numerous advantages. **By using citations, we acknowledge the one whose idea we are using in each sentence and each paragraph.** Citing previously published information can sometimes shorten a paper; the methods carried out with a defined procedure have already been elaborated in the existing publication thus allowing the author to summarize it. It is one of the best ways to avoid plagiarism, that is one of the primary reason[s] for the rejection of the Article. Scientifically, a citation is essential for three vital reasons. First of all, **citing sources is crucial because the currency of academia is thoughts.** As a result, academics want to gather that currency, store it as a database for further use. Apart from this they also want to be credited for their valuable contributions which are nevertheless justified. Thus, **whenever a writer cites thoughts, he obligates them who instigated the ideas.** Second, keeping a trail of these sources is quintessential because if we use someone else's opinion without acknowledging them, somehow we disregard that person's ownership of the theory. Apart from being unfair for the person, it might have awful

¹⁵ *Google Scholar Metrics Overview*, Google Scholar, <https://scholar.google.com/intl/en/scholar/metrics.html>.

consequences. Third, the academics must be able to track the genealogy of thoughts; the scholars while conducting the experiments should be convenient to follow the way how ideas initiate in order to think and use them appropriately.¹⁶

The global impact of Dr. Adami Vayego Fornazari's research is further supported by the international reach of his publications. For example, as reflected in the map below,¹⁷ Dr. Adami Vayego Fornazari's articles have garnered attention in numerous countries. (See **Exhibit 4**).



The fact that Dr. Adami Vayego Fornazari's research has been accessed around the world is demonstrative of the quality, international significance, and far-reaching impact of his work, further solidifying his position as an outstanding researcher, scientist, and physician within the field of Interventional Radiology and Endovascular Surgery.

Enclosed as **Exhibit 4**, please find a complete citation list, evidencing published material professional publications citing Dr. Adami Vayego Fornazari or his work.

EXHIBIT 5:

DOCUMENTATION OF DR. ADAMI VAYEGO FORNAZARI'S RECEIPT OF NATIONALLY OR INTERNATIONALLY RECOGNIZED PRIZES OR AWARDS FOR EXCELLENCE IN THE FIELD

In recognition of Dr. Adami Vayego Fornazari's outstanding work in the field of Interventional Radiology and Endovascular Surgery, he has earned the following prestigious awards:

- **Award, Best Paper:** *10 Months of Pain, 10 Minutes of Relief: Ultrasound Diagnosis and Femoral Nerve in Post-Surgical Neuralgia*
Organization: SOBRICE Congress
Year: 2025
 - Each year, SOBRICE, an international organization connecting interventional radiologists and fostering discussion of innovative clinical cases and research studies with a goal of expanding the dissemination of interventional radiology knowledge to global societies, recognizes a select few scientific researchers for their extraordinary

¹⁶ *Importance of Citation in Scientific Writing*, Publication Manual, <https://www.pubmanu.com/importance-citation-scientific-writing/>.

¹⁷ Web of Science, *Vinicius Fornazari* (2025) <https://www.webofscience.com/wos/author/record/1120132>. (See **Exhibit 4**).

research at the SOBRICE Annual Congress. These awards are highly selective and undergo a rigorous evaluation process, after which only the best 10 are selected for evaluation—six (6) within the “Clinical Study/Experimental Study” categories and four (4) within the “Case Report/Case Series/medical Imaging Case Study” categories.¹⁸ These 10 papers are then given six minutes to present their research to a panel of SOBRICE-affiliated interventional radiologists. Thereafter, only five (5) of those presentations are selected for an award—three (3) within the “Clinical Study/Experimental Study categories” and two (2) within the “Case Report/Case Series/Medical Imaging Case Study categories.” As such, Best Paper Awards from SOBRICE are highly competitive, and receipt of such an award is indicative of an extraordinary, internationally-recognized scholar.

- According to the USCIS Policy Manual, “Certain awards recognizing presentations at nationally or internationally recognized conferences” may satisfy the requirements of this criterion.¹⁹ USCIS may also consider “the criteria used to grant the awards or prizes,” “the number of awardees or prize recipients,” and whether there are “limitations on eligible competitors.”²⁰ To this end, the SOBRICE Annual Congress is an internationally attended conference, and the SOBRICE *Best Paper Award* is highly selective and rigorously evaluated, with only a few recipients each year. Therefore, this award clearly aligns with USCIS’s qualifications of “nationally or internationally recognized prizes or awards for excellence in the field of endeavor.”²¹
- Remarkably, Dr. Adami Vayego Fornazari was the recipient of a SOBRICE’s Best Paper Award in 2025, for his paper titled, “*10 Months of Pain, 10 Minutes of Relief: Ultrasound Diagnosis and Femoral Nerve Block in Post-Surgical Neuralgia.*” Dr. Adami Vayego’s selection for such a competitive and prestigious award is representative of the international value of his work.
- **Award, Second Best Paper:** *Superior Hypogastric Plexus Block for Post-uterine Fibroid Embolization Pain Control, A Non-blinded Quasi Randomized Clinical Trial*
Organization: SOBRICE Congress
Year: 2024
 - Significantly, Dr. Adami Vayego Fornazari has earned a SOBRICE Best Paper Award not just once but *twice*. In 2024, he earned the *Second Best Paper* for his work titled, “*Superior Hypogastric Plexus Block (SHPB) for Post-Uterine Fibroid Embolization (UFE) Pain Control: A Non-Blinded Quasi-Randomized Clinical*

¹⁸ SOBRICE 2022, *Paper Submission* (2022)

https://eventus.com.br/sobrice2022/trabalhos_en.html#:~:text=During%20the%20oral%20presentation%2C%20the,eventus.com.br/sobrice2022.

¹⁹ *See Id.*

²⁰ *See Id.*

²¹ *See Id.*

Trial.” Dr. Adami Vayego Fornazari’s repeated recognition underscores the value he consistently provides to the field of Interventional Radiology and Endovascular Surgery.

Enclosed, please find documentation of Dr. Adami Vayego Fornazari’s receipt of the foregoing awards at **Exhibit 5**.

EXHIBIT 6:

DOCUMENTATION THAT DR. ADAMI VAYEGO FORNAZARI IS BEING PAID A HIGH SALARY FOR SERVICES

Dr. Adami Vayego Fornazari will be commanding a high salary when he begins his employment at UF, where he will earn an annual salary of \$425,000.00. According to the *OES Wage Library* (ACWIA Education Industry Database), this salary is extremely high for Dr. Adami Vayego Fornazari’s occupation, both locally and nationally. This is evidenced by the following chart, which lists some of the OES/SOC occupational job titles that could potentially be assigned to Dr. Adami Vayego Fornazari’s position, including Radiologists (SOC: 29-1224.00) and Health Specialties Teachers, Postsecondary (SOC: 25-1071.00), along with the Level 4 wages for Duval County, in Jacksonville, Florida, and the wage that is estimated to be within the 90th percentile of all workers in the United States within that occupational category, in comparison to Dr. Adami Vayego Fornazari’s salary:

OES/SOC Job Title	Level 4 Wage Annual Salary	BLS OES 90 th %	Difference to Dr. Adami Vayego Fornazari’s Wage
Radiologists 29-1224.00	\$282,173	\$239,000 ≤	\$143k - \$186k (appx.)
Health Specialties Teachers, Postsecondary 25-1071.00	\$125,420	\$239,000 ≤	\$186k - \$300k (appx.)

Notably, Dr. Adami Vayego Fornazari’s high remuneration underscores his exceptional value and expertise in his field. This is consistent with the plain language of the criterion for which the appropriate test is to compare the petitioner’s salary with the average salary of others in the same position in the field—**NOT** to demonstrate “a salary that is **significantly higher** than the field, as a whole,” as opposed to “**within a specific region**.”

Here, there is clear evidence to support that Dr. Adami Vayego Fornazari will be earning a high salary in comparison to others because it shows that he is earning an amount that is higher than those in the same or a similar position (i.e. those classified within the Radiologists [SOC: 29-1224.00] and Health Specialties Teachers, Postsecondary [SOC: 25-1071.00], both locally and nationally). The plain language of this criterion and the guidance set forth in the USCIS Policy Manual both instruct the evaluation of this criterion should include—but not be limited to—”geographical or position-appropriate compensation surveys and organizational justifications to

pay above the compensation data.”²² In other words, this criterion does not have a geographical limitation imposed nor does it require showing the individual earns a “significantly higher” salary than others in the field, “as a whole.” Moreover, there is nothing in the U.S. regulations or the USCIS Policy Manual that imposes a requirement for the 90th-percentile as a benchmark to determine whether a salary qualifies as high remuneration.

With that being said, however, Dr. Adami Vayego Fornazari’s salary *is* significantly higher than the average salary within the field, as demonstrated by the above chart. According to the BLS, the 90th percentile demonstrates the highest salary that the top 10% of individuals within that occupational category earn annually throughout the nation. Considering that Dr. Adami Vayego Fornazari will earn approximately \$186,000 more than the base salary of the top 10% of individuals employed in these professions shows that he will clearly be commanding a high salary. Additionally, the chart listed above demonstrates that Dr. Adami Vayego Fornazari will earn between \$143,000 to \$300,000 more than others in similar positions within Duval County, Florida. Notably, the fact that the OES and O*Net both confirm Dr. Adami Vayego Fornazari will earn a considerably higher salary than the average clearly demonstrates that he will command a high salary as a Clinical Associate Professor in the Department of Interventional Radiology and Endovascular Surgery at UF.

Therefore, Dr. Adami Vayego Fornazari’s salary will certainly be higher than the standard wages for his occupation. For your review, enclosed under **Exhibit 6**, please find a copy of Dr. Adami Vayego Fornazari’s offer letter and copies of the OES and O*Net Wage Summaries for each of the occupations listed above.

CONCLUSION

As detailed above, we respectfully request that the accompanying petition be favorably adjudicated to classify Dr. Adami Vayego Fornazari as a “Person of Extraordinary Ability” in Science and issue him an O-1 visa due to his international recognition in Interventional Radiology and Endovascular Surgery. Considering his extraordinary accomplishments in research and the critical role he plays in the future progress in this field, Dr. Adami Vayego Fornazari is clearly of a very small percentage of individuals who have risen to the very top of the field. It is for these reasons that the UF has offered him full-time employment in the temporary position of Clinical Associate Professor.

Should Dr. Adami Vayego Fornazari be granted the opportunity to work within the United States, he will significantly contribute to field literature and advance evidence-based, minimally invasive procedures, especially within women’s health and emergency care. Specifically, Dr. Adami Vayego Fornazari aims to reduce morbidity and enhance healthcare access through

²² USCIS Policy Manual, Chp. 2, Section B. Evidence of Extraordinary Ability, Criterion 9 clearly states, “Evidence regarding whether the person’s compensation is high relative to that of others working in the field may take many forms. Examples may include, but are not limited to, geographical or position-appropriate compensation surveys and organizational justifications to pay above the compensation data.”

improved diagnostic and therapeutic strategies. Such improvements will not only increase quality of life and health among individuals but also lower the economic burden of pervasive diseases by optimizing the efficiency of care. Dr. Adami Vayego Fornazari intends to accomplish his goals through both scientific research and clinical contributions. Dr. Adami Vayego Fornazari's position at UF will provide him with resources to advance his scientific and clinical research, while simultaneously leading the next generation of Interventional Radiologists.

Summarizing Dr. Adami Vayego Fornazari's ability to "enrich the U.S. medical and academic communities," is Dr. Salazar:

His work demonstrates sustained national and international acclaim, and his leadership in clinical research, education, and procedural innovation clearly meets the criteria for extraordinary ability in science and education. I am confident that Dr. [Adami Vayego] Fornazari's continued contributions will enrich the U.S. medical and academic communities and further elevate the standards of interventional radiology. [...] His contributions to interventional radiology, particularly in women's health and venous disease, are of exceptional merit and align with the standards of excellence required for the O-1 visa designation. (See Exhibit 1).

Echoing the praise regarding Dr. Adami Vayego Fornazari's "lasting benefit" to the United States, is Dr. Abu Hana:

His contributions have informed both clinical practice and academic teaching materials, highlighting his meaningful influence on patient care well beyond his home institution.

From my perspective as a faculty member at a safety-net academic medical center in the United States, I believe **Dr. [Adami Vayego] Fornazari's presence in the U.S. would have an immediate and lasting benefit. He possesses a rare combination of advanced procedural capability, academic productivity, and a demonstrated commitment to expanding access to minimally invasive care. If granted the opportunity to work in the United States, he will contribute substantially to the advancement of interventional radiology, strengthen resident and fellow education, and help expand specialized care to the underserved populations that institutions like UF proudly serve.**

For these reasons, I offer my strongest endorsement of **Dr. Vinicius Adami Vayego Fornazari**. His record of achievement, leadership, and service is exceptional, and **he will be an undeniable asset to the American medical and academic community. (See Exhibit 1).**

We hope the foregoing suffices to qualify Dr. Adami Vayego Fornazari for an O-1 Nonimmigrant Visa. Should you require any additional information or documentation, please feel free to contact us. Thank you.

Sincerely,

FRAGOMEN, DEL REY, BERNSEN & LOEWY, LLP



Andrea B. Huerta-Rodriguez
Attorney-at-Law

Encls.: as stated

Immigration Documents

 For: **VINICIUS ADAMI VAYEGO FORNAZARI**



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 703435527A4

Arrival/Issued Date: 2025 September 01

Class of Admission: B1

Admit Until Date: 2026 February 28

Details provided on the I-94 Information form:

Last/Surname: ADAMI VAYEGO FORNAZARI

First (Given) Name: VINICIUS

Birth Date: 1984 June 19

Document Number: GL719840

Country of Citizenship: Brazil

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 11/30/2025



U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Online Nonimmigrant Visa Application (DS-160)

Confirmation



This confirms the submission of the Nonimmigrant visa application for:

Photo will be taken at the ASC.	Name	ADAMI VAYEGO	Location Selected: SPL U.S. Consulate General Sao Paulo Rua Henri Dunant, 500, Chacara Santo Antonio, Sao Paulo- SP 04709-110 Brazil
	Provided:	FORNAZARI, VINICIUS	
	Date Of Birth:	19 JUN 1984	
	Place of Birth:	CATANDUVA, BRAZIL	
	Gender:	Male	
	Country/Region of Origin (Nationality) :	BRAZIL	
	Passport Number:	FR285045	
	Purpose of Travel:	BUSINESS/PERSONAL (B1/B2)	
	Completed On:	16 AUG 2023	
	Confirmation No:	AA00CE3U41	
THIS IS NOT A VISA			
Version 01.09.00			

Note: Electronically submitting your DS-160 online application is the FIRST STEP in the visa application process. The next step is to review the internet page of the [embassy or consulate](#) where you plan to apply for your visa. Most visa applicants will need to schedule a visa interview, though some applicants may qualify for visa renewal. The [embassy or consulate](#) information may include specific local instructions about scheduling interviews, submitting your visa application, and other frequently asked questions.

YOU MUST BRING the confirmation page and the following document(s) with you to the Application Service Center:

Passport

You may also provide any additional documents you feel will support your case.





[Handwritten Signature]



REPÚBLICA
FEDERATIVA
DO BRASIL

Assinatura do titular / Signature du titulaire /
Bearer's signature / Firma del titular

GL719840



Este passaporte deve ser assinado
pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé
par le titulaire, sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado
por el titular, salvo en caso de incapacidad.



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE

P

PAÍS EMISSOR / ISSUING COUNTRY

BRA

PASSAPORTE Nº / PASSPORT No.

GL719840

SOBRENOME / SURNAME

ADAMI VAYEGO FORNAZARI

NOME / GIVEN NAMES

VINICIUS

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

19 JUN/JUN 1984

CPF / PERSONAL NUMBER

327926168-65

SEXO / SEX

M

NATURALIDADE / PLACE OF BIRTH

CATANDUVA/SP

FILIAÇÃO / FILIATION

JULIO CESAR FORNAZARI

SONIA MARIA ADAMI VAYEGO

DATA DE EXPEDIÇÃO / DATE OF ISSUE

12 JUN/JUN 2026

VÁLIDO ATÉ / DATE OF EXPIRY

11 JUN/JUN 2036

AUTORIDADE / AUTHORITY

SR/PF/SP



P<BRAADAMI<VAYEGO<FORNAZARI<<VINICIUS<<<<<<<<
GL719840<2BRA8406192M350611232792616865<<<96

[Handwritten Signature]

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FR285045



Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este passaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE

P

PAÍS EMISSOR / ISSUING COUNTRY

BRA

PASSAPORTE Nº / PASSPORT No.

FR285045

SOBRENOME / SURNAME

ADAMI VAYEGO FORNAZARI

NOME / GIVEN NAMES

VINICIUS

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

19 JUN/JUN 1984

SEXO / SEX

M

NATURALIDADE / PLACE OF BIRTH

CATANDUVA/SP

RELACÃO / RELATION

JULIO CESAR FORNAZARI

SONIA MARIA ADAMI VAYEGO

DATA DE EMISSÃO / DATE OF ISSUE

19 AGO/AUG 2016

VÁLIDO ATÉ / DATE OF EXPIRY

18 AGO/AUG 2026

IDENTIDADE Nº / PERSONAL No.

AUTORIDADE / AUTHORITY

SR/DPF/SP



P<BRAADAMI<VAYEGO<FORNAZARI<<VINICIUS<<<<<<<<
FR285045<2BRA8406192M2608189<<<<<<<<<<<<<<<<04

UNITED STATES OF AMERICA

VISA



Issuing Post Name

SAO PAULO

Surname

ADAMI VAYEGO FORNAZARI

Given Name

VINICIUS

Passport Number

FR285045

Entries

M

Annotation

Control Number

20232336700010

Visa Type /Class

R B1/B2

Birth Date

19 JUN 1984

Nationality

BRZL

Sex

M

Issue Date

23 AUG 2023

Expiration Date

20 AUG 2033

1001

F4601351

VNUSAADAMI<VAYEGO<FORNAZARI<<VINICIUS<<<<<<<<

FR285045<2BRA8406192M3308202B3SPL3LJ7Q561132

Academic Credentials & Curriculum Vitae

1508-1001
MD

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Amfarrow*

DATE OCT 10 2025

**STATE OF FLORIDA
BOARD OF MEDICINE**

IN RE: THE APPLICATION FOR
LICENSURE OF

VINICIUS ADAMI VAYEGO FORNAZARI, M.D.

NOTICE OF INTENT TO APPROVE LICENSURE WITH CONDITIONS

This matter came before the Credentials Committee of the Florida Board of Medicine on September 25, 2025, and the full Board of Medicine on September 26, 2025, at duly-noticed public meetings in St. Augustine, Florida. The Applicant, Vinicius Adami Vayego Fornazari, M.D., appeared before the Credentials Committee meeting.

Dr. Adami Vayego Fornazari did not have a United States Social Security Number at the time the Board acted on his completed application. Section 456.013, Florida Statutes, provides that if an applicant has not been issued a social security number by the Federal Government at the time of application because the applicant is not a citizen or resident of this country, the department may process the application using a unique personal identification number. If the applicant is otherwise eligible for licensure, the board may issue a temporary license to the applicant which expires in thirty days unless a social security number is obtained and submitted in writing to the department. The Board of Medicine does not have a temporary license.

The Board finds that the application is otherwise complete, and that Dr. Adami Vayego Fornazari meets the statutory requirements of Section 458.3145, Florida Statutes.

It is therefore **ORDERED** that the application for licensure be approved under the following condition:

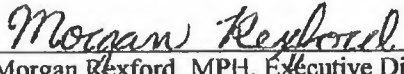
Upon receipt of the United States Social Security Number for Vinicius Adami Vayego Fornazari, M.D., his Florida Medical Faculty Certificate will be issued.

This Order does not constitute disciplinary action against the license that has been approved herein. The terms of this Order are considered conditions for licensure that must be satisfied prior to the issuance of the license.

This Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 8th day of October, 2025.

BOARD OF MEDICINE


Morgan Rexford, MPH, Executive Director
For Amy Derick, M.D., Chair

NOTICE OF RIGHTS

A party whose substantial interest is affected by this agency action may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. A petition must be filed in writing and must be in conformance with Rule 28-106.201, 28-106.2015, or 28-106.301, Florida Administrative Code, as applicable. The petition must be in writing and received by the Deputy Agency Clerk for the Department within 21 days from receipt of this notice. The petition must be submitted by one of the following delivery methods:

By Mail:
Deputy Agency Clerk, Florida Department of Health
4052 Bald Cypress Way, BIN #C-01
Tallahassee, Florida 32399;

By Hand Delivery:
Deputy Agency Clerk, Florida Department of Health
4042 Bald Cypress Way

Tallahassee, Florida 32399;

By facsimile: 850-487-9537; or

By E-Filing:

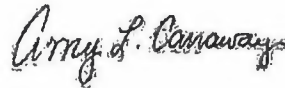
https://agency_clerk-fdh.inycusthelp.com/WEBAPP/rs/supporthome.aspx?&lp=3
Select "Medical Quality Assurance"

Mediation is not available.

Failure to file a petition within 21 days shall constitute a waiver of the right to a hearing on this agency action. If this notice becomes a Final Order, an adversely affected party is entitled to judicial review pursuant to section 120.68, Florida Statutes. The Florida Rules of Appellate procedure govern review proceedings. Review is initiated by filing, within 30 days of the date of the Final Order, a Notice of Appeal with the appropriate Court of Appeal in the appropriate District Court, accompanied by the filing fees required by law, and filing a copy of the Notice of Appeal with the Agency Clerk, Department of Health.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by Registered and U.S. Mail to **Vinicius Adami Vayego Fornazari, M.D.**, Rua Irai, Numero 782, Apartamento 21, Sao Paulo, Brazil, 04082-003; and by email to **Donna McNulty**, Special Counsel – Assistant Attorney General, at Donna.McNulty@myfloridalegal.com, this 10 day of October, 2025.



RE 910 437 055 US

Deputy Agency Clerk



EVALUATION REPORT

Name: ADAMI VAYEGO FORNAZARI, Vinicius

Date: March 28, 2025

Country: Brazil

Ref: 300582668/LCR-R2

Purpose of Evaluation: Employment

1. Copy of a *Certificado* (Certificate) from the *Instituto de Assistencia Medica ao Servidor Publico Estadual/IMSPE* (Institute of Medical Assistance to State Public Servants) in Sao Paulo, Brazil with an English translation certifying that Vinicius Adami Vayego Fornazari completed the *Especializacao* (Specialization) in *Radiologia Diagnostico por Imagem* (Radiology Service – Diagnostic Imaging) from February 2010 to January 2013. This document was dated March 11, 2013, was signed by the Director of the Radiology Service, the Director of HSPE/FMO, the Director of CEDEP and the Superintendent of IMSPE and the recipient and is equivalent to completion of a medical specialization in diagnostic radiology from a regionally accredited institution in the United States.
2. Copy of a diploma from the *Ministerio da Educacao* (Ministry of Education) and the *Universidade Federal de Sao Paulo* (Federal University of São Paulo) in Sao Paulo, Brazil with an English translation certifying that Vinicius Adami Vayego Fornazari completed the *Especializacao* (Specialization) in *Diagnostico por Imagem em Radiologia Intervencionista* (Diagnostics by Image in Interventional Radiology) from March 2013 through February 2014. This document was dated October 16, 2014, was signed by the AMB President, the Course Coordinator, the Vice-Dean of Extension and the recipient and is equivalent to completion of a medical specialization in interventional radiology from a regionally accredited institution in the United States. A copy of a diploma with an English translation from the *Associacao Medica Brasileira* (Brazilian Medical Association) and the *Colegio Brasileiro de Radiologia e Diagnostico por Imagem* (Brazilian College of Radiology and Diagnostic Imaging) verifying conferral of the title of *Especialista* (Specialist Degree) in *Radiologia Diagnostico por Imagem* (Radiology Service – Diagnostic Imaging) specializing in *Radiologia Intervencionista e Angiorradiologia* (Interventional Radiology and Angioradiology) was also submitted. The *Universidade Federal de Sao Paulo* is accredited by the *Câmara de Educação Superior* (Chamber of Higher Education) and recognized by the *Ministério da Educação* (Ministry of Education) in Brazil, the organizations responsible for assessing complexity and assuring the quality of degree programs in Brazil. This recognition parallels regional accreditation of tertiary educational institutions in the United States.



Vinicius
Adami Vayego Fornazari

EVALUATION REPORT

March 28, 2025

3. Copy of a diploma from the *Universidade Federal de Sao Paulo* (Federal University of São Paulo) in Sao Paulo, Brazil with an English translation certifying that Vinicius Adami Vayego Fornazari conferred the title of *Doutor em Ciencias* (Doctorate Degree in Science) in *Medicina [Radiologia Clinica]* (Medicine [Clinical Radiology]) on October 25, 2018. This document was dated January 31, 2019, was signed by the Dean, the Pro-Dean of Postgraduate Studies and Research, the Supervisor of Diploma Registry and the recipient and is equivalent to a doctor of philosophy degree in radiological sciences from a regionally accredited institution in the United States. The *Universidade Federal de Sao Paulo* is accredited by the *Câmara de Educação Superior* (Chamber of Higher Education) and recognized by the *Ministério da Educação* (Ministry of Education) in Brazil, the organizations responsible for assessing complexity and assuring the quality of degree programs in Brazil. This recognition parallels regional accreditation of tertiary educational institutions in the United States.
4. In summary, it is the judgment of the Foundation that Vinicius Adami Vayego Fornazari has the equivalent of completion of a medical specialization in diagnostic radiology, completion of a medical specialization in interventional radiology and a doctor of philosophy degree in radiological sciences from a regionally accredited institution in the United States.
5. The Foundation's evaluations serve as suggested guidelines and are advisory in nature. Under no circumstance does the Foundation desire to encroach on the individual autonomy, residence requirements or internal policies of educational institutions. The documents submitted were photocopies.
6. The materials used in this evaluation include the PIER (Projects for International Education Research) World Education Series AACRAO/NAFSA Country Report titled Brazil, the IAU (International Association of Universities) UNESCO publication titled the International Handbook of Universities and information provided by the *Universidade Federal de Sao Paulo* and the AACRAO Electronic Database for Global Education (EDGE).

Lori Rinehart

Lori C. Rinehart

Qualifications of the Analyst: Lori C. Rinehart is a Senior Credential Analyst- Editor at the Foundation for International Services, Inc. and has worked with FIS since 2015. She has relevant experience in foreign credentials evaluation and immigration services. She holds a Bachelor of Arts from Washington State University. Professional organizations include NAFSA: Association of International Educators, the American Association of Collegiate Registrars and Admissions Officers (AACRAO) and The Association for International Credential Evaluation Professionals (TAICEP).

Qualifications of the Evaluation Company: FIS has been a leading provider of foreign credential evaluations since 1978. Our reports are routinely accepted by universities, major companies, licensing and certification boards, the U.S. Department of Defense, and the U.S. Citizenship and Immigration Service. FIS evaluators are members of NAFSA: Association of International Educators and the company itself is a corporate member of the American Association of Collegiate Registrars and Admissions Officers (AACRAO). FIS is a Founding Member of the National Association of Credential Evaluation Services which was established in 1987 to promote excellence and set standards for the profession of foreign credential evaluation in the United States. Evaluation reports prepared by NACES® members are judgments based on appropriate reference material, including current research. NACES® member organizations examine documents for accuracy and authenticity, contribute regularly to industry publications, conferences, and databases, and provide industry training to higher education professionals.

If you are using FCVS do not submit this form.

Complete verifications must be sent directly from the chairman/director of the post-graduate training program to the board office by fax to (850) 412-1288 or by mail to:



Board of Medicine
4052 Bald Cypress Way Bin C-03
Tallahassee, FL 32399-3257

Board of Medicine Post-Graduate Training Verification

Name: Vinicius Adami Vayego Fornazari

Part I: To be completed by applicant

Institution Name: Universidade Federal de São Paulo (UNIFESP) - Federal University of São Paulo

Department: Departamento de Diagnóstico por Imagem (DDI) - Department of Diagnostic by Image / UNIFESP

Address: Rua Napoleão de Barros, Número 800, Vila Clementino (Street Napoleão de Barros, Number 800, Vila Clementino)

City: São Paulo State: São Paulo ZIP: 04023-062

Phone Number: +55 (11) 5576-4036 or +55 (11) 5571-4489

Part II: To be completed by Training Institution

The above-named doctor has applied for licensure in the state of Florida. Please complete this section and submit to the above address.

1. Dates of internship/residency/fellowship: 03 / 01 / 2013 to 10 / 25 / 2018
MM/DD/YYYY MM/DD/YYYY

2. Matriculation date: 03 / 01 / 2013
MM/DD/YYYY

3. Completion date: 01 / 31 / 2019
MM/DD/YYYY

4. Specialty: Doctorate Degree (PhD)

5. The levels completed under your purview: ☐ PGY I ☐ PGY II ☐ PGY III ☐ PGY IV ☐ PGY V

6. Accredited by: ☐ ACGME ☐ RCPSC ☐ CFPC ☒ Other: _____

Ministério da Educação (MEC) / Brazilian Ministry of Education

Program Director/Chair Name Prof. Doctor Suzan Menasce Goldman (CRM-SP: 74293)

Coordinator of the Postgraduate Program in Clinical Radiology and Radiological Sciences at UNIFESP

Signature Suzan Menasce Goldman Date 05/15/2025
MM/DD/YYYY

Prof. Dra. Suzan Menasce Goldman
Coordenadora de Pós-Graduação e
Pesquisa do Depto. de Diagnóstico
por Imagem EPM/UNIFESP

If you are using FCVS do not submit this form.

Complete verifications must be sent directly from the chairman/director of the post-graduate training program to the board office by fax to (850) 412-1288 or by mail to:



Board of Medicine
4052 Bald Cypress Way Bin C-03
Tallahassee, FL 32399-3257

**Board of Medicine
Post-Graduate Training Verification**

Name: Vinicius Adami Vayego Fornazari

Part I: To be completed by applicant

Institution Name: Departamento de Diagnóstico por Imagem (DDI) - Universidade Federal de São Paulo (UNIFESP)
Department of Diagnostic by Image - Federal University of São Paulo

Department: Interventional Radiology Sector from Departament of Diagnostic by Image - UNIFESP

Address: Rua Napoleão de Barros, Número 800, Vila Clementino (Street Napoleão de Barros, Number 800, Vila Clementino)

City: São Paulo State: São Paulo ZIP: 04023-062

Phone Number: +55 (11) 5576-4036 or +55 (11) 5571-4489

Part II: To be completed by Training Institution

The above-named doctor has applied for licensure in the state of Florida. Please complete this section and submit to the above address.

1. Dates of internship/residency/fellowship: 03 / 01 / 2013 to 02 / 28 / 2014
MM/DD/YYYY MM/DD/YYYY

2. Matriculation date: 03 / 01 / 2013
MM/DD/YYYY

3. Completion date: 02 / 28 / 2014
MM/DD/YYYY

4. Specialty: Interventional Radiology

5. The levels completed under your purview: ☐ PGY I ☐ PGY II ☐ PGY III ☐ PGY IV ☐ PGY V

6. Accredited by: ☐ ACGME ☐ RCPSC ☐ CFPC ☒ Other: _____

Câmara de Educação Superior do Conselho Nacional de Educação (CNE)
Sociedade Brasileira de Radiologia Intervencionista e Cirurgia Endovascular (SOBRICE)

Program Director/Chair Name Prof. Doctor Denis Szejnfeld (CRM-SP: 108.885)

Signature _____

Date 05/13/2015
MM/DD/YYYY

If you are using FCVS do not submit this form.

Complete verifications must be sent directly from the chairman/director of the post-graduate training program to the board office by fax to (850) 412-1288 or by mail to:

Board of Medicine
4052 Bald Cypress Way Bin C-03
Tallahassee, FL 32399-3257



Board of Medicine Post-Graduate Training Verification

Name: Vinicius Adami Vayego Fornazari

Part I: To be completed by applicant

Instituto de Assistencia Médica ao Servidos Público Estadual de São Paulo (IAMSPE) - Hospital do
Institution Name: Servidor Público Estadual (HSPE)

Department: Serviço de Radiologia e Diagnóstico por Imagem (Service of Radiology and Diagnostic Imaging - IAMSPE / HSPE)

Rua Pedro de Toledo, Número 1800, Vila Clementino
Address: (Street Pedro de Toledo, Number 1800, Neighborhood Vila Clementino)

City: São Paulo State: São Paulo ZIP: 04029-000

Phone Number: +55 (11) 4573-8000

Part II: To be completed by Training Institution

The above-named doctor has applied for licensure in the state of Florida. Please complete this section and submit to the above address.

1. Dates of internship/residency/fellowship: 02 / 01 / 2010 to 01 / 31 / 2013
MM/DD/YYYY MM/DD/YYYY

2. Matriculation date: 02 / 01 / 2010
MM/DD/YYYY

3. Completion date: 01 / 31 / 2013
MM/DD/YYYY

4. Specialty: Radiology And Diagnostic Imaging

5. The levels completed under your purview: ☒ PGY I ☒ PGY II ☒ PGY III ☐ PGY IV ☐ PGY V

6. Accredited by: ☐ ACGME ☐ RCPSC ☐ CFPC ☒ Other: _____

Colegio Brasileiro de Radiologia (Brazilian College of Radiology and Imaging Diagnosis)
Câmara de Educação Superior do Conselho Nacional de Educação (CNE)

Program Director/Chair Name Doctor Gladstone Mattar

Signature 

Date 05 / 14 / 2025
MM/DD/YYYY

Dr. Gladstone Mattar
Diretor do Serviço de Radiologia
HSPE - FMO - IAMSPE

If you are using FCVS do not submit this form.



Complete verifications must be sent directly from the medical education institution to the board office by fax to (850) 412-1268 or by mail to:

Board of Medicine
4052 Bald Cypress Way Bin C-03
Tallahassee, FL 32399-3257

**Board of Medicine
Medical Degree Verification**

Name: Vinicius Adami Vayego Fornazari Date of Birth: 06 / 19 / 1984
MM/DD/YYYY

Part I: To be completed by applicant

Name of Medical School: Faculdade de Medicina de Catanduva - Faculdades Integradas Padre Albino (FIPA)

Address: Rua dos Estudantes, Numero 225 (Street dos Estudantes, Number 225)

City: Catanduva State: São Paulo ZIP: 15809-144

Part II: To be completed by Medical Education Institution

The above-named doctor has applied for licensure in the state of Florida. Please complete this section and submit to the above address.

Type of degree awarded: Medical Degree

Date degree received: 11 / 20 / 2009
MM/DD/YYYY

Verifier Name: Jorge Luis dos Santos Valiatti Title: MEDICAL SCHOOL COORDINATOR

Signature: Jorge Luis dos Santos Valiatti Date: 17/05/2025
MM/DD/YYYY

Affix school seal





República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Interpretre Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255 813 388-18 - RG 21 882 164-5 - CCM 2 722 349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1513/25

Livro nº 173

fls. 1

I, the undersigned, in my capacity as sworn translator in São Paulo, State of São Paulo, have duly translated into English the following document written in Portuguese, which bears my seal and signature.

[Logotype] AMB – Associação Médica Brasileira [Brazilian Medical Association]

[Logotype] CBR – Colégio Brasileiro de Radiologia e Diagnóstico por Imagem [Brazilian College of Radiology and Diagnostic Imaging]

The Brazilian Medical Association and the Brazilian College of Radiology and Diagnostic Imaging do hereby grant the Specialist Degree in Diagnostic Imaging, Exclusive Area of Activity: Interventional Radiology and Angioradiology, to Dr. Vinicius Adami Vayego Fornazari for having passed a public exam held in accordance with the rules established by the Brazilian Medical Association and the Brazilian College of Radiology and Diagnostic Imaging.

São Paulo, July 11, 2015.

[Illegible signature]

Florentino de Araújo Cardoso Filho, PhD
AMB President

[Illegible signature]

Antônio Jorge Salomão
AMB General Secretary

[Illegible signature]

Antonio Carlos Matteoni de Athayde, PhD
CBR President

[Illegible signature]

Alair Augusto S. M. D. dos Santos, PhD
CBR 1st Secretary

[The document bears a holographic seal.].

[The document bears notarization of signature made at the Civil Registry of the 12th Notary's Office – São Paulo, recognizing the signatures of FLORENTINO DE ARAUJO CARDOSO FILHO, ANTONIO JORGE SALOMAO, made on May 30, 2016, duly signed [illegible signature] by Cleber Gonçalves - Authorized Clerk, followed by holographic seal of the Brazilian Notarial College no. 082AA0510155, followed by a QR Code]

[The document bears a stamp of Cleber Gonçalves - Authorized Clerk]



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Interpretre Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.813.388-18 - RG 21.882.161-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1513/25

Livro nº 173

fls. 2

[Apostille issued by the National Council of Justice (CNJ), certifying the authenticity of the SPECIALIST DEGREE IN DIAGNOSTIC IMAGING of VINICIUS ADAMI VAYEGO FORNAZARI, issued by the Signature Seal 2 "1042AA0510155", signed by Cleber Gonçalves and certified by Ricardo Alves Ribeiro, on 07/08/2019. Certification no. 9345035]
[The document bears a Brazil stamp – Apostille – CNJ]

Further naught, I certify that the preceding is true, faithful, and unabridged rendering into English of the original in Portuguese version. In witness whereof, I set my hand and seal in São Paulo, SP, Federative Republic of Brazil.
São Paulo, SP this March 24th, 2025.



Associação Médica Brasileira
Colégio Brasileiro de Radiologia e
Diagnóstico por Imagem



conferem o

Título de Especialista em Diagnóstico por Imagem

Atuação exclusiva: Radiologia Intervencionista e Angiorradiologia

no

Dr. Vinicius Adami Vayego Fornazari

por ter obtido aprovação em concurso realizado segundo as normas estabelecidas pela
Associação Médica Brasileira e o Colégio Brasileiro de Radiologia e Diagnóstico por Imagem

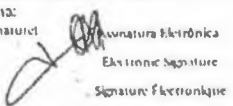
São Paulo, 11 de julho de 2015


Dr. Florentino de Araújo Cardoso Filho
Presidente da AMB


Dr. Antônio Jorge Sakuma
Secretário Geral da AMB


Dr. Antonio Carlos Mattioni de Azevedo
Presidente do CBR


Dr. Alair Augusto M. D. dos Santos
Secretário do CBR

 CNJ CONSELHO NACIONAL DE JUSTIÇA		BRASIL APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. País: (Country / Pays) REPÚBLICA FEDERATIVA DO BRASIL			
Este documento é público (This public document / Le présent acte public)			
2. Foi assinado por: (It has been signed by / A été signé par)		CLERER GONÇALVES	
3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de)		12º Tabelião de Notas - São Paulo - SP	
4. Tem o selo / carimbo de: (Bears the seal / stamp of / Le revêtu du sceau / timbre de)		Selo Firma 2 "1042AA0510155"	
Certificado (Certified / Attesté)			
5. Em: (At / À)	São Paulo	6. No dia: (The / Le)	08/07/2019
7. Por: (By / Par)		Ricardo Alves Ribeiro	
8. Nº: (Nº / Sous n°)	9345035	SELO DIGITAL: 1111531APAP0011011501119N	
9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre)		10. Firma: (Signature)	
			

Tipo de documento:
 (Type of document / Type d'acte) **TÍTULO DE ESPECIALISTA EM DIAGNÓSTICO POR IMAGEM**

Nome do titular:
 (Name of holder of document / Nom du titulaire) **VINICIUS ADAMI VAYEGO FOHNAZARI**

Este Apostille certifica apenas a autenticidade e a capacidade de representação da pessoa que assinou o documento em nome do Estado ou do Município ou do Distrito Federal ou do Território.

This Apostille certifies only the signature, the capacity of the person signing it and where appropriate the seal or stamp of the public document in Brazil. It does not certify the content of the document itself.

Cette Apostille ne certifie que la signature, la capacité de la personne qui signe le document, le sceau ou le timbre, le cas échéant, du document public en France. Elle ne certifie pas le contenu de l'acte lui-même.

A autenticidade do conteúdo do documento público, bem como a validade jurídica do documento, podem ser verificadas em:

The authenticity of this Apostille and its document, together with the underlying public document, may be verified at:

La authenticité de cette Apostille et de son document, ainsi que de la signature électronique qui y est apposée, peut être vérifiée sur:

Qualquer dúvida sobre este Apostille deve ser dirigida ao CNJ.

Any questions about this Apostille may be directed to the CNJ.

Qualquer dúvida sobre este Apostille deve ser dirigida ao CNJ.

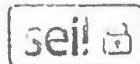
Any questions about this Apostille may be directed to the CNJ.

Qualquer dúvida sobre este Apostille deve ser dirigida ao CNJ.

Any questions about this Apostille may be directed to the CNJ.



Código QR
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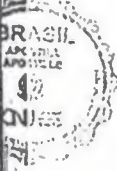
www.cnj.jus.br/apostila/cnferencia

55 61 2326-4007

autenticacao@cnj.jus.br

10.0.00955678-0

A4892A23



12º TABELÃO DE NOTAS
 CARTÓRIO DO 12º TABELÃO DE NOTAS
 Rua da Consolação, 1111 - São Paulo - SP
 CEP: 01302-000

Reconheço por assinatura as firmas: **FILSANTO TE HANCO CARDOSO FILHO, ANTONIO JOSE SALVATO, as quais comparem com os padrões depositados em Cartório.**

São Paulo, 30 de Maio de 2016

Em testemunho
 Cleber Gonçalves / Escrevente Autorizado
 1605301129475 / Firma: 16.35 / Total: R\$10,70

SELO DIGITAL:
1111531APAP0011011501119N

SELO FIRMA 2 "1042AA0510155"

CARTÓRIO DO 12º TABELÃO DE NOTAS
 AL SANTOS 147
 Cleber Gonçalves
 Escrevente Autorizado



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1534/25

Livro nº 173

fls. 1

I, the undersigned, in my capacity as sworn translator in São Paulo, State of São Paulo, have duly translated into English the following document written in Portuguese, which bears my seal and signature.

[Coat of Arms]

[Logotype] UNIFESP – Universidade Federal de São Paulo
[Federal University of São Paulo]

Federative Republic of Brazil

Ministry of Education

UNIVERSIDADE FEDERAL DE SÃO PAULO

Certificate

The Universidade Federal de São Paulo grants this certificate to **VINICIUS ADAMI VAYEGO FORNAZARI**, CPF [Individual Taxpayer Registration Number] 327.926.168-65, for completion of the Specialization Course in **DIAGNOSTICS BY IMAGE IN INTERVENTIONAL RADIOLOGY** of the DEPARTMENT OF DIAGNOSTICS BY IMAGE of the Universidade Federal de São Paulo, carried out in accordance with Resolution 01/2007 of the National Council of Education, in the period from 03/01/2013 to 02/28/2014, comprising 300 theoretical hours and 900 practical hours.

São Paulo, October 16, 2014.

[Illegible signature.]

Vinicius Adami Vayego Fornazari

Recipient

[Illegible signature.]

Prof. Sergio Aron Ajzen, PhD

Course Coordinator

[Illegible signature.]

Prof. Florianita Coelho Braga Campos, PhD

Vice-Dean of Extension

UNIVERSIDADE FEDERAL DE SÃO PAULO

Specialization/Improvement and MBA Courses

Accredited by MEC [Ministry of Education], according to Federal Law No. 8.957, of 12/15/1994, published in the D.O.U. [Official Gazette] on 12/16/1994.



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1534/25

Livro nº 173

fls. 2

Certificate registered on 10/16/2014 under No. 2086.

Book 2014/MEDICINE

São Paulo

[Illegible signature.]

Rodrigo Socio Romani

Administrative Coordinator of the School Secretariat - *Lato Sensu*

Specialization, Improvement and MBA Courses

PROEX/UNIFESP

Further naught, I certify that the preceding is true, faithful, and unabridged rendering into English of the original in Portuguese version. In witness whereof, I set my hand and seal in São Paulo, SP, Federative Republic of Brazil.

São Paulo, SP this March 25th, 2015.



República Federativa do Brasil
Ministério da Educação
UNIVERSIDADE FEDERAL DE SÃO PAULO

Certificado



A Universidade Federal de São Paulo concede o presente certificado a **VINICIUS ADAMI VAYEGO FORNAZARI**, C.P.F. 327.926.168-65, pela conclusão do Curso de Especialização em **DIAGNÓSTICO POR IMAGEM EM RADIOLOGIA INTERVENCIONISTA DO DEPARTAMENTO DE DIAGS. POR IMAGEM**, da Universidade Federal de São Paulo, realizado de acordo com a Resolução 01/2007 do Conselho Nacional De Educação, no período de 01/03/2013 a 28/02/2014, compreendendo 300 horas teóricas e 900 horas práticas.

São Paulo, 16 de outubro de 2014.

Vinicius Adami Vayego Fornazari
Titulado(a)

Prof. Dr. Sergio Aron Ajzen
Coordenador(a) do Curso

Prof. Dr.ª Florianita Coelho Braga Campos
Pró-Reitora de Extensão



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1515/25

Livro nº 173

fls. 1

I, the undersigned, in my capacity as sworn translator in São Paulo, State of São Paulo, have duly translated into English the following document written in Portuguese, which bears my seal and signature.

[Logotype] Iamspe

Certificate

We certify that **VINICIUS ADAMI VAYEGO FORNAZARI** completed the Specialization Course in Radiology Service - Diagnostic Imaging, from the INSTITUTO DE ASSISTÊNCIA MÉDICA AO SERVIDOR PÚBLICO ESTADUAL [Institute of Medical Assistance to State Public Servants], from February 01, 2010 to January 31, 2013, in accordance with the established regulations, with his academic record described on the back according to the determinations of the Resolution of the Higher Education Chamber of the National Education Council No. 1 of April 03, 2001. This certificate, in accordance with the aforementioned Resolution, is valid nationwide.

São Paulo, March 11, 2013.

[Illegible signature]
Gladstone Mattar, PhD
Director of the Radiology Service

[Illegible signature]
Roberto Dantas Queiroz, PhD
Director of HSPE/FMO

[Illegible signature]
Prof. Abrão Elias Abdalla, PhD
Director of CEDEP

[Illegible signature]
Adm. Latif Abrão Junior
Superintendent of IAMSPE

**PUBLIC MANAGEMENT SECRETARIAT
GOVERNMENT OF SÃO PAULO**

Specialization Course Transcript
(The certificate will be issued after proper completion)

Student Name: **VINÍCIUS ADAMI VAYEGO FORNAZARI**
Department: **RADIOLOGY**



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1515/25

Livro nº 173

fls. 2

Field: DIAGNOSTIC IMAGING

Period: 02/01/2010 TO 01/31/2013

Discipline	Workload	Grade/Concept	Responsible Professor
MUSCULOSKELETAL	720	7.0	ELOY DE ÁVILA FERNANDES, PHD
ABDOMEN	720	7.0	DENIS SZEJNFELD, PHD
CHEST	720	7.0	CASSIO GOMES DOS REIS JUNIOR, PHD
NEURORADIOLOGY/HEAD AND NECK	720	7.0	RENATO SARTORI DE CARVALHO, PHD/ULA LINDOSO PASSOS, PHD

Total academic workload: 2,880 hours.

Certificate registered in Book: 01 of CEDEP under number 349.

São Paulo, January 31, 2013.

[Illegible signature]

Gladstone Mattar, PhD

Director of Radiology Service

[The document bears notarization of signature made at the Civil Registry of the Civil Registry of the 11th Notary's Office of São Paulo, recognizing the signature of Gladstone Mattar, made on July 08, 2019, duly signed [illegible signature] by Ronaldo Pereira da Silva - Clerk, followed by a holographic seal of the Brazilian Notarial College no. S11097AB0863837, followed by a QR Code]

[The document bears a stamp of the 11th CNSP]

[Apostille issued by the National Council of Justice (CNJ), certifying the authenticity of the CERTIFICATE OF SPECIALIZATION IN RADIOLOGY SERVICE of VINICIUS ADAMI VAYEGO FORNAZARI, issued by the Signature Seal 1 "S11097AB0863837", signed by Ronaldo Pereira da Silva and certified by Ricardo Alves Ribeiro, 07/08/2019. Certification no. 9345641]

[The document bears a Brazil stamp – Apostille – CNJ]

Further naught, I certify that the preceding is true, faithful, and unabridged rendering into English of the original in Portuguese version. In witness whereof, I set my hand and seal in São Paulo, SP, Federative Republic of Brazil.

São Paulo, SP this March 24th, 2025.

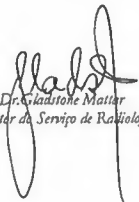


Certificado

Certificamos que VINICIUS ADAMI VAYEGO FORNAZARI, cumpriu o Curso de Especialização no Serviço de Radiologia – Diagnóstico por Imagem, do INSTITUTO DE ASSISTÊNCIA MÉDICA AO SERVIDOR PÚBLICO ESTADUAL, no período de 01/02/2010 a 31/01/2013, de acordo com a regulamentação estabelecida, sendo seu histórico escolar descrito no verso segundo as determinações da Resolução da Câmara de Educação Superior do Conselho Nacional de Educação nº 1 de 3 de abril de 2001.

Este certificado, conforme a referida Resolução tem validade nacional.

São Paulo, 11 de março de 2013.


Dr. Gladstone Mattar
Diretor do Serviço de Radiologia


Dr. Roberto Mendes Queiroz
Diretor do HAP/FCO


Prof. Dr. Alvaro Elias Abdalla
Diretor do CEDEP


Nabil Latif Abrão Junior
Superintendente do IAMSPE

SECRETARIA DE
GESTÃO PÚBLICA

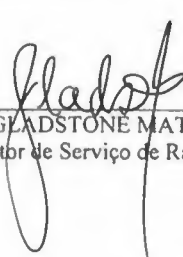
GOVERNO DE
SÃO PAULO



Histórico do Curso de Especialização
(o certificado será confeccionado, após o devido preenchimento)

Nome do Aluno: VINÍCIUS ADAMI VAYEGO FORNAZARI			
Serviço: RADIOLOGIA		Área: DIAGNÓSTICO POR IMAGEM	
Período: 01/02/2010 A 31/01/2013			
Disciplina	Carga horária	Nota/Conceito	Professor Responsável
MÚSCULO ESQUELÉTICO	720	7,0	DR. ELOY DE ÁVILA FERNANDES
ABDOME	720	7,0	DR. DENIS SZEJNFELD
TORAX	720	7,0	DR. CASSIO GOMES DOS REIS JUNIOR
NEURORADIOLOGIA / CABEÇA E PESCOÇO	720	7,0	DR. RENATO SARTORI DE CARVALHO / DRA. ULA LINDOSO PASSOS
Carga horária total de efetivo trabalho acadêmico: 2.880 horas			
Certificado registrado no Livro : _01_ do CEDEP sob o número 349			

São Paulo, 31 de janeiro de 2013.


GLADSTONE MATTAR
Diretor de Serviço de Radiologia

Cartório do 11º Tabelião de Notas de São Paulo
R. Domingos de Moraes, 1082 - Vila Mariana - SP - Cep 04010-102 - Fone: (11) 5083-5795
Det. Paulo Augusto Rodrigues Cruz - Tabelião

Reconheço por RECEBIMENTO o SEM VALOR ECONÔMICO a(s) Firma(s) de: GLADSTONE MATTAR, a qual comparece com padrão depositado em cartório.

São Paulo/SP, 08/07/2019 - 14:30:38

Em Testemunho da verdade, Total R\$ 8,25

Usuário: RONALDO RONALDO PEREIRA DA SILVA - ESCRIVÃO

Identificação: 718583 Selos: RB 863837



(o c

Nome do Aluno:
 Serviço: **RADIOL**
 Período: **01/02/2**
 Disciplina
 MÚSCULO ESQI
 ABDOME
 TORAX
 NEURORRADIOI
 E PESCOÇO

Carga horária tota

Certifi

 CNU CONSELHO NACIONAL DE JUSTIÇA		BRASIL APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. País: (Country / Pays):		REPÚBLICA FEDERATIVA DO BRASIL	
Este documento público (This public document / Le présent acte public)			
2. Foi assinado por: (It has been signed by / A été signé par)		RONALDO PEREIRA DA SILVA	
3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de)		Escrevente - 11º Tabelião de Notas - São Paulo - SP	
4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de)		Selo Firma 1 "S11097AB0653837"	
Certificado (Certified / Attesté)			
5. Em: (At / A)	São Paulo	6. No dia: (The / Le)	08/07/2019
7. Por: (By / Par)	Ricardo Alves Ribelin		
8. Nº: (Nº / Sous n°)	9345641	SELO DIGITAL 1111531APAP003540681519X	
9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre)	10. Firma: (Signature) Assinatura Eletrônica Electronic Signature Signature Électronique		
			
Tipo de documento: (Type of document / Type d'acte)			
Nome do titular: (Name of holder of document / Nom du titulaire) VINICIUS ADAMI VAYEGO FORNAZARI			
Esta Apostilla certifica apenas a assinatura, a capacidade de signatário e, quando apropriado, o selo ou carimbo notariais no documento público. Ela não certifica o conteúdo do documento para o qual foi emitida. This Apostille certifies only the signature, the capacity of the person signing it and when appropriate, the seal or stamp which the public document bears. It does not certify the content of the document for which it was issued. Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi, et, le cas échéant, le sceau ou le timbre dont cet acte public est revêtu. Elle ne certifie pas le contenu de l'acte pour lequel elle a été émise. A autenticidade desta Apostilla e de sua assinatura eletrônica, bem como o documento público subjacente, podem ser verificadas em: The authenticity of this Apostille and its electronic signature, along with the underlying public document, may be verified at: L'authenticité de cette Apostille, de la signature électronique, ainsi que de l'acte public sous-jacent peut être vérifiée sur: A qualquer pergunta sobre esta Apostilla, por favor, contatar o Ombudsman de la CNU para obter respostas relativas a esta Apostilla. Any questions about this Apostille may be directed to the Ombudsman of the CNU. Veuillez contacter l'Ombudsman de la CNU pour toute question relative à cette Apostille. Par favor, utilize este QR Code para verificar a autenticidade desta Apostilla e de sua assinatura eletrônica. Uma cópia do documento público subjacente também está disponível na mesma página. Please use this QR Code to check the authenticity of this Apostille and its electronic signature. A copy of the underlying public document is also accessible from the same page. Veuillez utiliser ce Code QR pour vérifier l'authenticité de cette Apostille et de sa signature électronique. Une copie de l'acte public sous-jacent est également disponible sur la même page.			
		Código QR Code: 9345641 CNU 52FDC76A	
			
www.cnu.jus.br/apostilla/conferencia		19.0.00956082-5	

A 4 8 9 2 8 2 5

Cartório do 11º Tabelião de Notas de São Paulo
 R. Domingos de Moraes, 1062 - Vila Mariana - SP - Cep 04210-100 - Fone: (11) 5055 5753
 Bul. Paulo Augusto Rodrigues Cruz - Tabelião

Reconhecido por **REBELMUNICA** SEM VALOR ECONOMICO a(s) Firma(s) de: **GLADSTONE NATIAR**, a qual confere com padrão depositado no cartório.

São Paulo/SP, 08/07/2019 - 14:30:38

3-º Testemunho da verdade Total R\$ 6,25

Usuário: **RONALDO PEREIRA DA SILVA - ESCRIVENTE**

Etiquetas: 718383 Selos: AB 863837

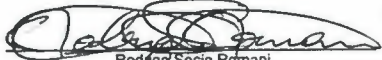


UNIVERSIDADE FEDERAL DE SÃO PAULO
Cursos de Especialização/Aperfeiçoamento e MBA

Credenciada no MEC, conforme Lei Federal Nº 8.957, de
15/12/1994, publicada no D.O.U em 16/12/1994.

Certificado registrado em , 16/10/2014
sob o N.º 2086

Livro 2014/MEDICINA
São Paulo.



Rodrigo Socio Romani
Coordenador Administrativo da Secretaria Escolar - Lato Sensu
Cursos de Especialização, Aperfeiçoamento e MBA
PROEX/UNIFESP



EVALUATION REPORT

Name: ADAMI VAYEGO FORNAZARI, Vinicius

Date: March 24, 2025

Country: Brazil

Ref: 300582107/LWG

Purpose of Evaluation: Employment

1. Copy of a diploma from the *Faculdades Integradas Padre Albino* (Father Albino Integrated Faculties) in Catanduva, Brazil with an English translation certifying that Vinicius Adami Vayego Fornazari graduated in the *Medicina* (Medicine) program on November 8, 2009 and was awarded the *Bacharel* (Baccalaureate) degree. This document was dated November 20, 2009, was signed by the Course Coordinator-General Registry, the Director General – General Registry and the recipient, represents six years of combined academic study and professional training in medicine and is equivalent to a doctor of medicine degree from a regionally accredited institution in the United States. The degree of *Bacharel* in *Medicina* is the first professional degree in medicine offered by universities in Brazil and allows graduates to practice as physicians in that country. The *Faculdades Integradas Padre Albino* is accredited by the *Câmara de Educação Superior* (Chamber of Higher Education) and recognized by the *Ministério da Educação* (Ministry of Education) in Brazil, the organizations responsible for assessing complexity and assuring the quality of degree programs in Brazil. This recognition parallels regional accreditation of tertiary educational institutions in the United States.
2. In summary, it is the judgment of the Foundation that Vinicius Adami Vayego Fornazari has the equivalent of a doctor of medicine degree from a regionally accredited institution in the United States.
3. The Foundation's evaluations serve as suggested guidelines and are advisory in nature. Under no circumstance does the Foundation desire to encroach on the individual autonomy, residence requirements or internal policies of educational institutions. The document submitted was a photocopy. Only the authorities in the profession may determine an individual's qualified professional status in the United States.
4. The materials used in this evaluation include the PIER (Projects for International Education Research) World Education Series AACRAO/NAFSA Country Report titled Brazil, the IAU (International Association of Universities) UNESCO publication titled the International Handbook of Universities and information provided by the *Faculdades Integradas Padre Albino* and the AACRAO Electronic Database for Global Education (EDGE).

Isabel Reeb

Qualifications of the Analyst: Isabel Reeb is a Senior Credential Analyst- Editor at the Foundation for International Services, Inc. and has worked with FIS since 2018. She has experience in the fields of international admissions, foreign credentials evaluation and immigration services. She holds a Bachelor of Science in Psychology from the University of Washington, Seattle. Professional organizations include NAFSA: Association of International Educators, the American Association of Collegiate Registrars and Admissions Officers (AACRAO) and The Association for International Credential Evaluation Professionals (TAICEP).



Qualifications of the Evaluation Company: FIS has been a leading provider of foreign credential evaluations since 1978. Our reports are routinely accepted by universities, major companies, licensing and certification boards, the U.S. Department of Defense, and the U.S. Citizenship and Immigration Service. FIS evaluators are members of NAFA: Association of International Educators and the company itself is a corporate member of the American Association of Collegiate Registrars and Admissions Officers (AACRAO). FIS is a Founding Member of the National Association of Credential Evaluation Services which was established in 1987 to promote excellence and set standards for the profession of foreign credential evaluation in the United States. Evaluation reports prepared by NACES® members are judgments based on appropriate reference material, including current research. NACES® member organizations examine documents for accuracy and authenticity, contribute regularly to industry publications, conferences, and databases, and provide industry training to higher education professionals.



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: 1-1512/25

Livro nº 173

fls. 1

I, the undersigned, in my capacity as sworn translator in São Paulo, State of São Paulo, have duly translated into English the following document written in Portuguese, which bears my seal and signature.

[Coat of Arms]

[Logotype] UNIFESP

Federative Republic of Brazil
Ministry of Education
Universidade Federal de São Paulo
[Federal University of São Paulo]

The Dean of Universidade Federal de São Paulo, in the use of her attributions, does hereby confer the **Doctorate Degree in Science** upon **Vinicius Adami Vayego Fornazari**, Brazilian citizen, born in Catanduva/SP, on June 19, 1984, bearer of RG [Identity Card] 33363.644-2 SSP-SP, and after passing the **Medicine (Clinical Radiology)** Postgraduate Studies Course on October 25, 2018, and grants him this Diploma so that he can make use of all legal rights and prerogatives.

São Paulo, January 31, 2019.

[Illegible signature]

Prof. Soraya Soubhi Smaili, Ph.D
Dean

[Illegible signature]

Prof. Lia Rita Azeredo Bittencourt, Ph.D
Pro-Dean of Postgraduate Studies and Research

[Illegible signature]

Vinicius Adami Vayego Fornazari
Ph.D in Science

Medicine (Clinical Radiology) Postgraduate Studies Course
Course acknowledged pursuant to provision on MEC Ordinance No. (D.O.U. [Brazilian 656, of May 22, 2017, D.O.U. [Brazilian Official Gazette] of May 23, 2017.
Rectification published in D.O.U. of June 08, 2017, section 1, page 25.

Brazilian Ministry of Education



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
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ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1512/25

Livro nº 173

fls. 2

UNIVERSIDADE FEDERAL DE SÃO PAULO
Diploma Registry

Diploma registered under No. 26860, book PÓS-3, page 291, Docket No. D-89030-18, pursuant to provision on article 48 of Law 9.394, of December 20, 1996.

São Paulo, January 31, 2019.

[Illegible signature]

Marcia Mattos Marques

Supervisor of Diploma Registry *pro tempore* of the Pro-Deanship of Postgraduate Studies and Research.

In accordance:

[Illegible signature]

Prof. Lia Rita Azeredo Bittencourt, Ph.D

Pro-Dean of Postgraduate Studies and Research

030818

[The document bears the Official Seal of the Federative Republic of Brazil]

[The document bears watermark]

[The document bears a stamp of Universidade Federal de São Paulo]

[The document bears a holographic seal of Universidade Federal de São Paulo, under No. 022282.]

Further naught, I certify that the preceding is true, faithful, and unabridged rendering into English of the original in Portuguese version. In witness whereof, I set my hand and seal in São Paulo, SP, Federative Republic of Brazil.

São Paulo, SP this March 24th, 2025.



República Federativa do Brasil
Ministério da Educação
UNIVERSIDADE FEDERAL DE SÃO PAULO



A Reitora da Universidade Federal de São Paulo, no uso de suas atribuições, confere o Título de

Doutor em Ciências

Vinicius Adami Vayego Fornazari

brasileiro, natural de Catanduva/SP, nascido em 19 de junho de 1984, RG 33.363.644-2 SSP - SP,

tendo em vista a homologação em 25 de outubro de 2018 pelo Programa de Pós-Graduação

Medicina (Radiologia Clínica)

e outorga-lhe o presente Diploma a fim de que possa gozar de todos os direitos e prerrogativas legais.

São Paulo, 31 de janeiro de 2019


Prof.ª Dr.ª Soraya Scubhi Smali
Reitora


Vinicius Adami Vayego Fornazari
Doutor em Ciências


Prof.ª Dr.ª Lilia Rita Azeredo Bittencourt
Pró-Reitora de Pós-Graduação e Pesquisa



Programa de Pós-Graduação em Medicina (Radiologia Clínica).

Curso Reconhecido de acordo com disposto na Portaria MEC nº 656 de 22/05/2017, D.O.U. de 23/05/2017.
Retificação publicada no D.O.U. de 08/06/2017, seção 1, pág. 25

MINISTÉRIO DA EDUCAÇÃO
UNIVERSIDADE FEDERAL DE SÃO PAULO
Registro de Diplomas

Diploma registrado sob n.º 26860.

Livro PÓS-3. FL. 291. Processo n.º D-89030-18

De acordo com o disposto no artigo 48 da Lei 9.394 de 20/12/96.

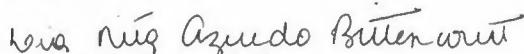
São Paulo, 31 de janeiro de 2019



Marcia Mattos Marques

Supervisora de Registro de Diplomas *pro tempore* da
Pró-Reitoria de Pós-Graduação e Pesquisa

De acordo:



Prof.ª Dr.ª Lia Rita Azerêdo Bittencourt
Pró-Reitora de Pós-Graduação e Pesquisa



030818





República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1514/25

Livro nº 173

fls. 1

I, the undersigned, in my capacity as sworn translator in São Paulo, State of São Paulo, have duly translated into English the following document written in Portuguese, which bears my seal and signature.

[Logotype] Faculdades Integradas Padre Albino

[Logotype] Faculdade de Medicina de Catanduva – Fundação Padre Albino

Federative Republic of Brazil

Faculdades Integradas Padre Albino

[Father Albino Integrated Colleges]

The General Director of Faculdades Integradas Padre Albino, in the use of his attributions and in light that Vinicius Adami Vayego Fornazari, born on June 19, 1984, in Catanduva – São Paulo, Brazilian citizen, bearer of the RG [Identity Card] No. 33.363.644-2 SSP/SP, completed the Medicine course on November 08, 2009, does hereby confer the Bachelor's Degree and grants him this Diploma, so that he can make use of all legal rights and prerogatives.

Catanduva, November 20, 2009.

[Illegible signature]

Prof. José Alves de Freitas, PhD

Course Coordinator – RG 19.276.933

[Illegible signature]

Nelson Jimenes, PhD

General Director - RG 2.924.823

[Illegible signature]

Recipient

FACULDADES INTEGRADAS PADRE ALBINO

Ordinance No. 301, D.O.U. [Brazilian Official Gazette] of April 12, 2007.

Catanduva – SP

MEDICINE COURSE

Acknowledged by Federal Degree No. 74.630 – D.O.U. of October 03, 1974 and renewed by Ordinance No. 56, D.O.U. of January 13, 2006.

Course Completion: November 08, 2009.

Graduation: November 20, 2009.

Diploma No. 64/09

Registered at page 065, of book No. 18D

On November 20, 2009.



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
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ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1514/25

Livro nº 173

fls. 2

[Illegible signature]

Prof. Sidnei Stuchi

General Secretary –RG 5.537.145

Checked by:

[Illegible signature]

Maria Beatriz Vigário Soares

Diploma Registry

ProAd-UFSCar

MEC – UNIVERSIDADE FEDERAL DE SÃO CARLOS

[Federal University of São Carlos]

Docket No. 17602/09, Law 9.394 – D.O.U. of December 23, 1996.

Diploma registered under No. 537241.

São Carlos, December 08, 2009.

[Illegible signature]

Roseli Aparecida Francisco Barbosa

Director of the Diploma Registry Division

Delegation Ordinance GR 253/09 of August 24, 2009

CREMESP

Regional Council of Medicine of the State of São Paulo

Diploma Registry

On this date, this diploma of Dr. **Vinicius Adami Vayego Fornazari**, was registered under No. **140582**, according to Article 17 of Law Number 3.268 of September 30, 1957.

São Paulo, December 22, 2009.

[Illegible signature].

Jair Soares

Professional Registry Section

No. [illegible]4.925.

CRM MG

REGIONAL COUNCIL OF MEDICINE OF THE STATE OF MINAS GERAIS

On this date, this diploma of Dr. **Vinicius Adami Vayego Fornazari**, was registered under No. 60663, according to Article 17 of Law Number 3.268 of September 30, 1957.

Belo Horizonte, October 31, 2013.

[Illegible signature]



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-1514/25

Livro nº 173

fls. 3

Bruno de Medeiros Santos
Chief of Physician Registry

CRM-MS

Regional Council of Medicine of the State of Mato Grosso do Sul

The applicant was enrolled under No. 9068, page 9068, of book No. Z.
Campo Grande – MS, November 22, 2016.

[Illegible signature]
Rosana Leite de Melo, PhD
President

Arturo Ferres
Public Translator
Rua Consolação, 331 Cj 102
Phone: 3259-7848 – Fax: 3259-9541
No. E-22281/11

[The document bears the Official Seal of the Federative Republic of Brazil]

[The document bears watermark]

[The document bears notarization of signature made at the Civil Registry of the 1st Notary's Office and Protest of Letters and Titles of Catanduva – SP, recognizing the signature of Nelson Jimenes, made on May 27, 2019, duly signed [illegible signature] by Leticia Rebelato, followed by a holographic seal of the Brazilian Notarial College no. S10226AA0184432, followed by a QR Code]

[The document bears a stamp of Leticia Rebelato - Qualified Clerk]

[Apostille issued by the National Council of Justice (CNJ), certifying the authenticity of the MEDICINE COURSE DIPLOMA of VINICIUS ADAMI VAYEGO FORNAZARI, issued by the Faculdades Integradas Padre Albino of Catanduva, SP, signed by Nelson Jimenes and certified by Matheus Bressani Barbosa, on 05/28/2019. Certification no. 8930930]

[The document bears a Brazil stamp – Apostille – CNJ]

Further naught, I certify that the preceding is true, faithful, and unabridged rendering into English of the original in Portuguese version. In witness whereof, I set my hand and seal in São Paulo, SP, Federative Republic of Brazil.
São Paulo, SP this March 24th, 2025.



República Federativa do Brasil

Faculdades Integradas Padre Albino



O Diretor Geral das Faculdades Integradas Padre Albino, no uso
de suas atribuições e tendo em vista que



Vinicius Adami Vayego Fornazari

nascido a 19 de junho de 1984, natural de Catanduva-São Paulo, nacionalidade brasileira,
RG n.º 33.363.644-2, SSP/SP, concluiu o curso de

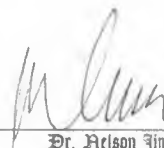
Medicina

em 08 de novembro de 2009, confere-lhe o grau de Bacharel
e outorga-lhe o presente Diploma, a fim de que possa gozar de todos os direitos e prerrogativas legais.

Catanduva, 20 de novembro de 2009


Prof. Dr. José Alves de Freitas
Coordenador do Curso - RG 10.270.933


Diplomado


Dr. Nelson Jimenes
Diretor Geral - RG 2.414.021

1º TABELÃO

FACULDADES INTEGRADAS PADRE ALBINO
Portaria n.º 301 - D.O.U. de 12-04-2007
Catanduva - SP

CURSO DE MEDICINA
Reconhecido pelo Decreto Federal
n.º 74.630 - D.O.U. de 03/10/1974
e renovado pela Portaria n.º 56
D.O.U. de 13/01/2006
Conclusão do Curso: 08/11/2009
Colação de Grau: 20/11/2009

Diploma n.º 64/09

Registrado às fls. 065 do livro n.º 18 D

Em, 20 / 11 / 2009.

Prof. Sidnei Stuchi
Secretário Geral - RG 5.537.145

Conferido por
Maria Beatriz Vigário Soares
Maria Beatriz Vigário Soares
Registro de Diplomas
ProAd-UFSCar



MEC - UNIVERSIDADE FEDERAL DE SÃO CARLOS

Processo n.º 12602/09, Lei 9.394 - D.O.U. de 28/12/1996

Diploma registrado sob n.º 537241

São Carlos, 08 / 12 / 2009

Roseli Aparecida Francisco Barbosa
Diretora da Divisão de Registro de Diplomas
Delegação Port. GR 253/09 de 24/08/2009



1.º TABELÃO DE NOTAS E PROTESTO DE LETRAS E TÍTULOS DE CATANDUVA-SP
Praça da República, N.º 146 - CEP: 13600-106 - Tel: (17) 3522-2227 - 3621-1136
Reconheço por semelhança(s) firma(s) da: NELSON JIMENES. Confrontada(s)
com a(s) respectiva(s) ficha(s) arquivada(s) sou fô.
Catanduva-SP, 27/05/2019.

LETICIA REBELATO - Valor: 6,28
**VALIDO SOMENTE COM O SELO DE AUTENTICIDADE



CRM-MS

Conselho Regional de Medicina
do Estado de Mato Grosso do Sul

O(A) requerente foi inscrito(a) sob o n.º 9068, às páginas 9068
do livro n.º Z.

Campo Grande-MS, 22/11/2016.

Dra. Rosana Leite de Melo
Presidente

Arturo Ferres
Tradutor Público
Rua Consolação, 331 - Cj. 102
Tel. 3259-7841 Fax 3259-5541
E-22 281/4

 CONSELHO NACIONAL DE JUSTIÇA		BRASIL APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. País: (Country / Pays): REPÚBLICA FEDERATIVA DO BRASIL			
Este documento público (This public document / Le présent acte public)			
2. Foi assinado por: (Has been signed by / A été signé par)		NELSON JIMENES	
3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de)		DIRETOR GERAL RG. 2.924.823	
4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de)		Faculdades Integradas Padre Albino de Catanduva, SP	
Certificado (Certified / Attesté)			
5. Em: (At / À)	Catanduva	6. No dia: (The / Le)	28/05/2019
7. Por: (By / Par): MATHEUS BRESSANT BARBOSA			
8. N°: (N° / Sous n°) 8930930			
9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre)		10. Firma: (Signature)	
			

Tipo de documento:
 (Type of document / Type d'acte)
DIPLOMA CURSO DE MEDICINA

Nome do titular:
 (Name of holder of document / Nom du titulaire)
VINICIUS ADAMI VAYEGO FORNAZARI

Este Apostila certifica apenas a autenticidade, a capacidade de assinatura e, quando apropriado, o selo ou carimbo emanados de documento público. Ela não contém o conteúdo do documento nem o qual se refere.

This Apostille certifies only the signature, the capacity of the person signing it and where appropriate, the seal or stamp which the public document bears. It does not certify the content of the document nor to which it refers.

Cette Apostille ne certifie que la signature, la capacité de la personne signant et, le cas échéant, les sceaux ou le timbre d'un acte public. Elle ne contient pas le contenu de l'acte public ni à quel document elle se réfère.

Any questions about this Apostille may be directed to the Ombudsman of the CNJ.

Veuillez utiliser ce Code QR pour vérifier l'authenticité de cette Apostille et de sa signature électronique. Une copie de l'acte public concerné sera accessible dans cette page.

Utilize este QR Code no celular para verificar a autenticidade desta Apostila e de sua assinatura eletrônica. Uma cópia do documento público subjacente também será disponibilizada nesta mesma página.

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ouvidoria@cnj.jus.br

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CIDADE FEDERAL DE SÃO CARLOS

02/09, Lei 9.394 - D.O.U. de 23/12/1996
 b.n.º **537241**

08/12/2009


 parreira Francisco Barbosa
 na Divisão de Registro de Diplomas
 do Port. GR 253/09 de 24/08/2009

E NOTAS E PROTESTO DE LETRAS E TÍTULOS DE CATANDUVA-SP
 República, N° 146 - CEP: 13600-106 - Tel: (17) 3422-2227 - 3521-1136

Imagem e(s) firma(s) de: NELSON JIMENES. Conferência(s)
 va(s) ficha(s) arquivada(s): dou fé.
 7/05/2019 -

LETICIA REBELATO - Valor: 8,28
 DO SOMENTE COM O SELO DE AUTENTICIDADE

SELLO DE NOTAS E PROTESTO DE LETRAS E TÍTULOS
 Letícia Rebelato
 Escritório Heliópolis
 Praça do Centro
 Catanduva - SP
 (17) 3422-2227



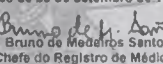
MS
 Conselho Regional de Medicina
 Mato Grosso do Sul
 (rito(a) sob o nº 9068, às páginas 9068

Grande-MS, 22/11/2016

 Rosana Leite de Melo
 Presidente

CONSELHO REGIONAL DE MEDICINA DO ESTADO DE MINAS GERAIS

Nesta data, o presente diploma do Dr. VINICIUS VAYEGO FORNAZARI foi registrado sob o N°. 60563, de com o artigo 17 da Lei N°. 3.268 de 30 de setembro de 198

Belo Horizonte, 31/10/2013 
 Bruno de Medeiros Santos
 Chefe do Registro de Médico

Arturo Forr
 Tradutor Público
 Rua Consolação 331 -
 Tel: 3256-7848 - Fax 3
 E-22 281/1



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-2874

Livro nº 181

fls. 1

I, the undersigned, in my capacity as sworn translator in São Paulo, State of São Paulo, have duly translated into English the following document written in Portuguese, which bears my seal and signature.

[Logo]

CENTRO UNIVERSITÁRIO PADRE ALBINO
CATANDUVA/SP

CENTRO UNIVERSITÁRIO PADRE ALBINO
MAINTAINED BY FUNDAÇÃO PADRE ALBINO

Accreditation: MEC Ordinance nº 1519, dated 12/05/2017 - DOU dated 12/06/2017

Rua dos Estudantes, 225 - CEP 15809-144 - Catanduva-SP - 17 3311 3328

www.unifipa.com.br - atendimento@unifipa.com.br

ACADEMIC TRANSCRIPT - 2nd Copy

IDENTIFICATION

Name: VINICIUS ADAMI VAYEGO
FORNAZARI

R.A.: MED0703016

Date of Birth: 06/19/1984

City: CATANDUVA

STATE: SP

Country: BRAZIL

Nationality: BRAZILIAN

ID

Document: R.G.: 33.363.644-2

Issuing

Authority:

SSP SP

HIGH SCHOOL

Institution: COLÉGIO JESUS ADOLESCENTE – HIGH SCHOOL Year: 2001

City: CATANDUVA

State: SP

ENTRANCE EXAM

Type: ENTRANCE EXAM

Date: 11/30/2003

COURSE: MEDICINE

Recognition renewed by MEC SERES Ordinance nº 29 of 03/26/2012 - DOU of 03/28/2012

1st Year

Subject

Year Grade Hours Status Credited

BIOCHEMISTRY

2004 6.7 240 Passed UNIVAS

BIOSTATISTICS

2004 8.5 30 Passed UNIVAS

RESEARCH METHODOLOGY AND TECHNIQUES

2004 8.2 30 Passed UNIVAS



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

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ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-2874

Livro nº 181

fls. 2

Subject	Year	Grade	Hours	Status	Credited
ANATOMY	2004	7.1	365	Passed	UNIVAS-04/05
HISTOLOGY, CELLULAR AND MOLECULAR BIOLOGY AND EMBRYOLOGY	2004	7.5	270	Passed	UNIVAS
BIOPHYSICS	2004	8.2	120	Passed	UNIVAS-04/06
INTRODUCTION TO MEDICINE	2004	6.0	30	Passed	UNIVAS
MEDICAL PSYCHOLOGY I	2005	8.5	30	Passed	UNIVAS
SOCIAL SCIENCES	2004	7.9	30	Passed	UNIVAS
2nd Year					
Subject	Year	Grade	Hours	Status	Credited
MICROBIOLOGY AND IMMUNOLOGY	2005	8.3	120	Passed	UNIVAS
PHYSIOLOGY	2005	8.6	210	Passed	UNIVAS
PARASITOLOGY	2005	7.0	120	Passed	UNIVAS
GENERAL PATHOLOGY	2006	7.0	85	Passed	UNIVAS
GENETICS AND EVOLUTION	2006	7.7	60	Passed	UNIVAS
PREVENTIVE AND SOCIAL MEDICINE I	2005	6.6	60	Passed	UNIVAS
BASIC NURSING CONCEPTS	2004	8.4	60	Passed	UNIVAS
INFORMATICS APPLIED TO MEDICINE	2004	6.6	90	Passed	UNIVAS
MEDICAL PSYCHOLOGY II	2005	8.5	30	Passed	UNIVAS
3rd Year					
Subject	Year	Grade	Hours	Status	Credited
PATHOLOGICAL ANATOMY	2007	10.0	180	Passed	
BASIC AND CLINICAL PHARMACOLOGY	2006	7.6	240	Passed	UNIVAS
MEDICAL SEMIOLOGY	2006	7.1	240	Passed	UNIVAS
MEDICAL PSYCHOLOGY III	2007	9.0	30	Passed	
SURGICAL CLINIC (OPERATIVE TECHNIQUE)	2005	7.1	60	Passed	UNIVAS
PREVENTIVE AND SOCIAL MEDICINE II	2005	7.4	120	Passed	UNIVAS-05/06
LEGAL MEDICINE, MEDICAL ETHICS AND BIOETHICS	2007	9.5	60	Passed	



República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
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ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-2874

Livro nº 181

fls. 3

Subject	Year	Grade	Hours	Status	Credited
OTORHINOLARYNGOLOGICAL CLINIC	2007	8.0	60	Passed	
OPHTHALMOLOGICAL CLINIC	2006	7.6	90	Passed	UNIVAS
OCCUPATIONAL MEDICINE	2006	9.4	34	Passed	UNIVAS
NUTRITION	2007	9.0	30	Passed	

4th Year

Subject	Year	Grade	Hours	Status	Credited
MEDICAL CLINIC I	2007	7.7	302	Passed	
SURGICAL CLINIC I	2007	7.3	278	Passed	
CHILDCARE	2007	7.4	76	Passed	
OBSTETRIC CLINIC	2007	7.9	125	Passed	
DERMATOLOGICAL CLINIC	2006	8.2	60	Passed	UNIVAS
PSYCHIATRIC CLINIC	2007	7.0	62	Passed	
SURGICAL CLINIC II	2007	7.0	64	Passed	
UROLOGICAL CLINIC	2007	9.7	102	Passed	
ORTHOPEDIC AND TRAUMATOLOGICAL CLINIC	2006	7.6	90	Passed	UNIVAS
ANESTHESIOLOGY	2005	7.1	45	Passed	UNIVAS
PREVENTIVE AND SOCIAL MEDICINE III	2007	7.6	120	Passed	

5th Year

Subject	Year	Grade	Hours	Status	Credited
MEDICAL CLINIC II	2008	8.0	197	Passed	
SURGICAL CLINIC II	2008	7.2	142	Passed	
PEDIATRIC CLINIC	2008	7.8	130	Passed	
NEUROLOGICAL CLINIC	2008	7.1	69	Passed	
GYNECOLOGICAL CLINIC	2008	7.3	90	Passed	
COMMUNITY HEALTH (INTERNSHIP)	2008	8.0	100	Passed	
MEDICAL CLINIC II (INTERNSHIP)	2008	8.0	624	Passed	
SURGERY II (INTERNSHIP)	2008	7.9	724	Passed	

6th Year

Subject	Year	Grade	Hours	Status	Credited
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República Federativa do Brasil

VALDIR CARLOS PEREIRA FILHO

Tradutor Público e Intérprete Comercial

INGLÊS - FRANCÊS - ESPANHOL

Matriculado na Junta Comercial do Estado de São Paulo sob o nº 1786
CPF 255.843.388-18 - RG 21.882.164-5 - CCM 2.722.349-3

ALAMEDA DOS ANAPURUS, 150 - CEP 04087-000 - SÃO PAULO - SP

Nº da tradução/versão: I-2874

Livro nº 181

fls. 4

Subject	Year	Grade	Hours	Status	Credited
MEDICAL CLINIC I (INTERNSHIP)	2009	8.5	724	Passed	
SURGERY I (INTERNSHIP)	2009	9.0	724	Passed	
PEDIATRICS AND CHILDCARE (INTERNSHIP)	2009	8.0	832	Passed	
GYNECOLOGY AND OBSTETRICS (INTERNSHIP)	2009	10.0	840	Passed	

Total course hours: 8,130

Completed course hours: 9,644

NOTES

Transfer received from UNIVAS, Pouso Alegre, to the 4th Year on 02/26/2007.

Internship at "Padre Albino" and "Emílio Carlos" Teaching Hospitals, daycare centers, Health Posts and Family Health Program of the municipality of Catanduva.

ENADE Status:

Student participated in ENADE under the terms of Law No. 10,861/2004, on 11/07/2004.

DATES

Course Completion	Graduation	Diploma Issue	Transcript Issue
11/08/2009	11/20/2009	11/20/2009	05/14/2019

AUTHENTICATION

[Illegible signature]

JOSIANE APARECIDA ZAMBON

General Secretary - RG. 21.634.739-7

[It bears stamps]

[It bears signature recognition of JOSIANE APARECIDA ZAMBON]

[It bears apostille seal]

[It bears apostille No. 8930840]

Further naught, I certify that the preceding is true, faithful, and unabridged rendering into English of the original in Portuguese version. In witness whereof, I set my hand and seal in São Paulo, SP, Federative Republic of Brazil.

São Paulo, SP this 17th of July 2025.

**VALDIR CARLOS
PEREIRA**

**FILHO:2558433
8818**

Assinado de forma
digital por VALDIR
CARLOS PEREIRA
FILHO:25584338818
Dados: 2025.07.17
17:28:20 -03'00'

HISTÓRICO ESCOLAR

2ª Via

IDENTIFICAÇÃO						
Nome: VINICIUS ADAMI VAYEGO FORNAZARI				R.A.: MED0703016		
Data Nascimento: 19/06/1984		Cidade: CATANDUVA		UF: SP		
País: BRASIL		Nacionalidade: BRASILEIRA				
Doc. Identificação: R.G.: 33.363.644-2		Órgão Expedidor: SSP SP				
ENSINO MÉDIO						
Estabelecimento: COLÉGIO JESUS ADOLESCENTE - ENSINO MÉDIO				Ano: 2001		
Cidade: CATANDUVA		UF: SP		País: BRASIL		
PROCESSO SELETIVO						
Tipo: VESTIBULAR		Datas: 30/11/2003				
CURSO: MEDICINA						
Reconhecimento renovado pela Portaria SERES MEC nº 29 de 26/03/2012 - DOU de 28/03/2012						
Disciplina	Ano	Média	C.H.	Situação	Aproveit. Discipl.	
1ª Série						
BIOQUÍMICA	2004	6,7	240	Aprov	UNIVAS	
BIOESTATÍSTICA	2004	8,5	30	Aprov	UNIVAS	
METODOLOGIA E TÉCNICAS DE PESQUISA	2004	8,2	30	Aprov	UNIVAS	
ANATOMIA	2004	7,1	365	Aprov	UNIVAS-04/05	
HISTOLOGIA, BIOLOGIA CELULAR E MOLECULAR E EMBRIOLOGIA	2004	7,5	270	Aprov	UNIVAS	
BIOFÍSICA	2004	8,2	120	Aprov	UNIVAS-04/06	
INTRODUÇÃO À MEDICINA	2004	6,0	30	Aprov	UNIVAS	
PSICOLOGIA MÉDICA I	2005	8,5	30	Aprov	UNIVAS	
CIÊNCIAS SOCIAIS	2004	7,9	30	Aprov	UNIVAS	
2ª Série						
MICROBIOLOGIA E IMUNOLOGIA	2005	8,3	120	Aprov	UNIVAS	
FISIOLOGIA	2005	8,6	210	Aprov	UNIVAS	
PARASITOLOGIA	2005	7,0	120	Aprov	UNIVAS	
PATOLOGIA GERAL	2006	7,0	85	Aprov	UNIVAS	
GENÉTICA E EVOLUÇÃO	2006	7,7	60	Aprov	UNIVAS	
MEDICINA PREVENTIVA E SOCIAL I	2005	6,6	60	Aprov	UNIVAS	
NOÇÕES BÁSICAS DE ENFERMAGEM	2004	8,4	60	Aprov	UNIVAS	
INFORMÁTICA APLICADA À MEDICINA	2004	6,6	90	Aprov	UNIVAS	
PSICOLOGIA MÉDICA II	2005	8,5	30	Aprov	UNIVAS	
3ª Série						
ANATOMIA PATOLÓGICA	2007	10,0	180	Aprov		
FARMACOLOGIA BÁSICA E CLÍNICA	2006	7,6	240	Aprov	UNIVAS	
SEMILOGIA MÉDICA	2006	7,1	240	Aprov	UNIVAS	
PSICOLOGIA MÉDICA III	2007	9,0	30	Aprov		
CLÍNICA CIRÚRGICA I (TÉCNICA OPERATÓRIA)	2005	7,1	60	Aprov	UNIVAS	
MEDICINA PREVENTIVA E SOCIAL II	2005	7,4	120	Aprov	UNIVAS-05/06	
MEDICINA LEGAL, DEONTOLOGIA MÉDICA E BIOÉTICA	2007	9,5	60	Aprov		
CLÍNICA OTORRINOLARINGOLÓGICA	2007	8,0	60	Aprov		
CLÍNICA OFTALMOLÓGICA	2006	7,6	90	Aprov	UNIVAS	
MEDICINA DO TRABALHO	2006	9,4	34	Aprov	UNIVAS	
NUTRIÇÃO	2007	9,0	30	Aprov		
4ª Série						

CLÍNICA MÉDICA I	2007	7,7	302	Aprov	
CLÍNICA CIRÚRGICA I	2007	7,3	278	Aprov	
PUERICULTURA	2007	7,4	76	Aprov	
CLÍNICA OBSTÉTRICA	2007	7,9	125	Aprov	
CLÍNICA DERMATOLÓGICA	2006	8,2	60	Aprov	UNIV,
CLÍNICA PSIQUIÁTRICA	2007	7,0	62	Aprov	
CLÍNICA CIRÚRGICA II	2007	7,0	64	Aprov	
CLÍNICA UROLÓGICA	2007	9,7	102	Aprov	
CLÍNICA ORTOPÉDICA E TRAUMATOLÓGICA	2006	7,6	90	Aprov	UNIV
ANESTESIOLOGIA	2005	7,1	45	Aprov	UNIV
MEDICINA PREVENTIVA E SOCIAL III	2007	7,6	120	Aprov	
5ª Série					
CLÍNICA MÉDICA II	2008	8,0	197	Aprov	
CLÍNICA CIRÚRGICA II	2008	7,2	142	Aprov	
CLÍNICA PEDIÁTRICA	2008	7,8	130	Aprov	
CLÍNICA NEUROLÓGICA	2008	7,1	69	Aprov	
CLÍNICA GINECOLÓGICA	2008	7,3	90	Aprov	
SAÚDE COLETIVA (INTERNATO)	2008	8,0	100	Aprov	
CLÍNICA MÉDICA II (INTERNATO)	2008	8,0	624	Aprov	
CIRURGIA II (INTERNATO)	2008	7,9	724	Aprov	
6ª Série					
CLINICA MEDICA I (INTERNATO)	2009	8,5	724	Aprov	
CIRURGIA I (INTERNATO)	2009	9,0	724	Aprov	
PEDIATRIA E PUERICULTURA (INTERNATO)	2009	8,0	832	Aprov	
GINECOLOGIA E OBSTETRÍCIA (INTERNATO)	2009	10,0	840	Aprov	

Carga horária do curso: 8.130

Carga horária cumprida: 9.644

ANOTAÇÕES

Transferência recebida da UNIVAS, Pouso Alegre, para a 4ª Série aos 26/02/2007.

Internato nos Hospitais-Escola "Padre Albino" e "Emílio Carlos", creches, Postos de Saúde e Programa de Saúde da Família do município de Catanduva.

Situação junto ao ENADE: Aluno participou do ENADE nos termos da Lei nº 10.861/2004, em 07.11.2004.

DATAS

Conclusão do Curso	Colação de Grau	Expedição do Diploma	Expedição do Histórico
08/11/2009	20/11/2009	20/11/2009	14/05/2019

AUTENTICAÇÃO

JOSIANE APARECIDA ZAMBON
Secretária Geral - RG. 21.634.739-7

1º TABELIÃO



1º TABELIÃO DE NOTAS E PROTESTO DE LETRAS E TÍTULOS DE CATANDUVA-SP
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Catanduva-SP, 27/05/2019.

ANNA CAROLINA BRAZ - Valor: 6,28

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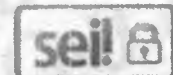
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JOSIANE APARECIDA ZAMBON
Secretária Geral - RG. 21.634.739-7



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Catanduva-SP, 27/05/2019 -

ANNA CAROLINA BRAZ V.Valor: 6,28

VALIDO SOMENTE COM O SELO DE AUTENTICIDADE



CURRICULUM VITAE

VINICIUS ADAMI VAYEGO FORNAZARI, MD, PhD

Email: drviniciusfornazari@rainter.com.br , viniciusfornazari820@gmail.com

Phone: +55 (11) 96350-6398

EXPERIENCE / SERVICE

- 10 years of Practical Experience in Endovascular and Percutaneous Interventional Procedures in: Vascular, Oncology, Emergencies, Hepatology, Gynecology, Obstetrics, Urology, Transplant Support.
- Director of the SOBRICE Interventional Pain Department (2025 - 2026).
- Owner Director of RAINTER Medical Institute – SP (2016 - actual). RAINTER is an IR group that serves more than five hospitals in the São Paulo City (São Paulo State, Brazil), in addition to outpatient in its private clinic (www.rainter.com.br).
- Member of the SOBRICE Board Certification Committee in Interventional Radiology and Angioradiology (2019 - currently).
- Member of the SBACV (Angiology and Vascular Surgery Society) Certification Board Committee in Endovascular Surgery (2019 - currently).
- Editor and Scientific Reviewer of Cardiovascular and Interventional Radiology Journal (CVIR) (2019 – currently).
- Portuguese Tradutor Reviewer of Journal of Vascular and Interventional Radiology (JVIR) (2022– currently).
- Member of SBED (Brazilian Society of Pain Study) Radiofrequency Committee (2022-2023).
- Scientific Reviewer of Brazilian Radiology Journal (RB) of the Brazilian College of Radiology and Diagnostic Imaging (CBR) (2019 – currently).
- Supervisor of Weekly Interventional Radiology Scientific Meeting of Federal University of São Paulo (UNIFESP), São Paulo, SP - Brazil, (2015-2018).
- Assistant Professor of Interventional Radiology residency of Hospital São Paulo from UNIFESP, SP - Brazil, (2015 - currently).
- Assistant Professor of Interventional Radiology Residency of Instituto de Assistência Médica ao Servidor Público Estadual (IAMSPE). São Paulo, SP - Brazil, (2015 – currently).

EDUCATION

Degree-Granting Education (MD)

- Medical Doctor in Catanduva Medical School (Faculdade de Medicina de Catanduva), Catanduva, SP – Brazil (2009).

Postgraduate Training

- Residency in Radiology and Diagnostic Imaging in Instituto de Assistência Médica ao Servidor Público Estadual Hospital (IAMSPE), São Paulo, SP - Brazil (2010-2012).
- Observer Fellowship in Interventional Radiology in Medical University of South Caroline, SC – USA (November 2011).
- Fellowship in Interventional Radiology in Federal University of São Paulo (UNIFESP), São Paulo, SP – Brazil (2013-2014).
- Complementary Fellowship Interventional Radiology and Endovascular Surgery in Transplant Hospital Eurípides Zerbini, São Paulo, SP – Brazil (2013-2015).
- Complementary Fellowship in Endovascular Surgery in Instituto de Cirurgia Vascular e Endovascular de São Paulo (ICVE- SP), São Paulo. SP – Brazil (2014-2015).
- Clinical Pain Postgraduated in Instituto de Ensino e Pesquisa (IPEMED – Afya Education Group) São Paulo, SP – Brazil (360 hours - 2021-2022).
- Interventional Radiology Visiting Physician in Massachusetts General Hospital (MGH), Boston, USA (October 2019).
- Interventional Radiology Visiting Physician in Portuguese Oncology Institute (IPO), Porto, Portugal (November 2019).

PhD

PhD in Radiology.

Line Research: Gynecology Interventional Radiology.

Thesis: Analysis of Uterine contractility, endometrium and ovaries by MRI in patients undergoing Fibroid uterine artery embolization. Federal University of São Paulo (UNIFESP), São Paulo, SP – Brazil (2013 – 2018).

CREDENTIALS

Board Certification

- Vascular and Interventional Radiology, Brazilian Interventional Radiology Society (SOBRICE / CBR).

Licensures

- **Active:** Regional Council of Medicine of São Paulo - Brazil (CREMESP 140.582)
<https://guiamedico.cremesp.org.br/>

Administrative Appointments / Responsibilities

- Director of the SOBRICE Interventional Pain Department (2025 - 2026).
- Member of SOBRICE Congress Scientific Committee (2021 – 2024).
- Member of SOBRAMID Congress Scientific Committee (2021 and 2023).
- Member of SOBRICE Professional Defense Committee (2023 - 2024).
- Member of SBED (Brazilian Society of Pain Study) Radiofrequency Committee (2022-2023).
- Owner Director of RAINTER Medical Institute – SP (2016 - actual). RAINTER is an IR group that serves more than five hospitals in the São Paulo City (São Paulo State, Brazil), in addition to outpatient in its private clinic (www.rainter.com.br).
- Editor and Scientific Reviewer of Cardiovascular and Interventional Radiology Journal (CVIR) (2019 – currently).
- Portuguese Tradutor Reviewer of Journal of Vascular And Interventional Radiology (JVIR) (2022 – currently).
- Scientific Reviewer of Brazilian Radiology Journal (RB) of the Brazilian College of Radiology and Diagnostic Imaging (CBR) (2019 – currently).
- Supervisor of weekly Interventional Radiology Scientific Meeting of Federal University of São Paulo (UNIFESP), São Paulo, SP - Brazil, (2015-2018).
- Founder and Coordinator of the Life Support Course in Radiology and interventional radiology (SAVRAD), (2010 – currently).

PUBLICATIONS (PEER REVIEWED)

1. **Endovascular management of massive hemobilia as a late complication of percutaneous biliary drainage in a pediatric liver transplant recipient: a case report.** Szejnfeld D, Fornazari VA, Imada AC, Linhares MM, Azevedo RA, Salzedas-Netto AA, Gonzalez AM, Goldman SM. **Transplant Proc.** 2014 Jul-Aug;46(6):1889-91. doi: 10.1016/j.transproceed.2014.05.022.
2. *** Interventional radiology and endovascular surgery in the treatment of ectopic pregnancies.** Fornazari VA, Szejnfeld D, Elito Júnior J, Goldman SM. **Einstein (Sao Paulo).** 2015 Jan-Mar;13(1):167-9. doi: 10.1590/S1679 45082015MD3168. PMID: 25993085
3. **Transcatheter arterial embolization for unresectable symptomatic giant hepatic hemangiomas: single-center experience using a lipiodol-ethanol mixture.** Szejnfeld D, Nunes TF, Fornazari VA, de Matos CA, Gonzalez AM, D'Ippolito G, Silva IS, Goldman SM. **Radiol Bras.** 2015 May-Jun;48(3):154-7. doi: 10.1590/0100 3984.2014.0063. PMID: 26185341
4. **The value of percutaneous transhepatic treatment of biliary strictures following pediatric liver transplantation.** Cardarelli-Leite L, Fornazari VAV, Peres RR, Salzedas-Neto AA, Gonzalez AM, Szejnfeld D, Goldman SM. **Radiol Bras.** 2017 Sep-Oct;50(5):308-313. doi: 10.1590/0100-3984.2016.0087. PMID: 29085164
5. *** Functional magnetic resonance imaging for clinical evaluation of uterine contractility.** Fornazari VAV, Vayego SA, Szejnfeld D, Szejnfeld J, Goldman SM. **Einstein (Sao Paulo).** 2018;16(1):eMD3863. doi: 10.1590/s1679-45082018md3863. Epub 2018 Apr 23. PMID: 29694619
6. *** Evaluation of Uterine Contractility by Magnetic Resonance Imaging in Women Undergoing Embolization of Uterine Fibroids.** Fornazari VAV, Szejnfeld D, Szejnfeld J, Bonduki CE, Vayego SA, Goldman SM. **Cardiovasc Intervent Radiol.** 2019 Feb;42(2):186-194. doi: 10.1007/s00270-018-2053-6. Epub 2018 Aug 27. PMID: 30151796
7. **The role of percutaneous transhepatic biliary biopsy in the diagnosis of patients with obstructive jaundice: an initial experience.** Tibana TK, Grubert RM, Fornazari VAV, Barbosa FCP, Bacelar B, Oliveira AF, Marchiori E, Nunes TF. **Radiol Bras.** 2019 Jul-Aug;52(4):222-228. doi: 10.1590/0100-3984.2018.0073. PMID: 31435082.

8. **A Study of Radiation Doses to the Patient and Medical Team at Embolization Procedures.** Castilho, Alvaro Vilas Boas ; Szejnfeld, Denis; Nalli, Darcio ; **Fornazari, Vinicius** ; Moreita, Antonio Carlos; Medeiro, Regina Bitelli. **Journal of Radiation Protection and Research.** 2019. v. 44, p. 110-117.

9. **Percutaneous nephrostomy versus antegrade double-J stent placement in the treatment of malignant obstructive uropathy: a cost-effectiveness analysis from the perspective of the Brazilian public health care system.** Tibana TK, Grubert RM, Santos RFT, **Fornazari VAV**, Domingos AA, Reis WT, Marchiori E, Nunes TF. **Radiol Bras.** 2019 Sep-Oct;52(5):305-311. doi: 10.1590/0100-3984.2018.0127.PMID: 31656347

10. **Percutaneous cholangioscopy for the treatment of choledocholithiasis.** Tibana TK, Grubert RM, da Silva CMDR, **Fornazari VAV**, Nunes TF. **Radiol Bras.** 2019 Sep-Oct;52(5):314-315. doi: 10.1590/0100-3984.2018.0057.PMID: 31656349

11. **What the radiologist should know about the role of interventional radiology in urology.** Tibana TK, **Fornazari VAV**, Gutierrez Junior W, Marchiori E, Szejnfeld D, Nunes TF. **Radiol Bras.** 2019 Sep-Oct;52(5):331-336. doi: 10.1590/0100-3984.2018.0035.PMID: 31656352

12. *** Impact of uterine contractility on quality of life of women undergoing uterine fibroid embolization.** **Fornazari VAV**, Salazar GMM. Vayego SA, Nunes TF, Goncalves B, Szejnfeld J, Bonduki CE, Goldman SM, Szejnfeld D. **CVIR Endovasc.** 2019 Nov 12;2(1):36. doi: 10.1186/s42155-019-0080-2.PMID: 32027002

13. **Percutaneous transhepatic placement of plastic biliary stents: technical description and preliminary results.** Nunes TF, Santos RFT, Tibana TK, Domingos TA, Marchiori E, **Fornazari VAV**, da Motta-Leal-Filho JM, Szejnfeld D. **Abdom Radiol (NY).** 2021 Jan;46(1):380-386. doi: 10.1007/s00261-020-02626-z. Epub 2020 Jun 30.PMID: 32607647

14. **Percutaneous access for the diagnosis of urothelial neoplasms: pictorial essay with anatomopathological correlation.** Nunes TF, Tibana TK, Santos RFT, de Faria BB, **Fornazari VAV**, Marchiori E. **Radiol Bras.** 2020 Sep-Oct;53(5):345-348. doi: 10.1590/0100-3984.2019.0091.PMID: 33071379

15. *** Hemorrhagic complications after percutaneous nephrolithotomy: angiographic diagnosis and management by transcatheter arterial embolization.** **Fornazari**

VAV, Santos RFT, Nunes TF, Perrella R, Freire TM, Vicentini FC, Claro JFA, Szejnfeld D. **Radiol Bras.** 2020 Nov-Dec;53(6):390-396. doi: 10.1590/0100-3984.2019.0130.PMID: 33304006

16. **Extracellular matrix metalloproteinase expression in endometrial tissue after arterial embolization of myomas.** Chazan FL, Bonetti TCS, Gomes MTV, Fornazari VAV, Girão MJBC, Bonduki CE. **Clinics (Sao Paulo).** 2021 Jan 22;76:e2145. doi: 10.6061/clinics/2021/e2145. eCollection 2021.PMID: 33503183
17. *** Endovascular treatment of abdominal aortic rupture after percutaneous lithotripsy.** Fornazari VAV, Santos RFT, Nunes TF, Oliveira RADS, Szejnfeld D. **Radiol Bras.** 2021 Mar-Apr;54(2):136-137. doi: 10.1590/0100-3984.2019.0125.PMID: 33854269
18. **Long-term results of oversized balloon dilation for benign anastomotic biliary strictures: initial two-center experience.** Nunes TF, Inchingolo R, Morais Neto R, Tibana TK, Fornazari VAV, da Motta-Leal-Filho JM, Spiliopoulos S. **Radiol Bras.** 2022 Mar-Apr;55(2):90-96. doi: 10.1590/0100-3984.2021.0027.PMID: 35414728
19. *** Challenges of Interventional Radiology in Brazil!** Fornazari VAV, da Motta-Leal-Filho JM. **Cardiovasc Intervent Radiol.** 2022 Oct;45(10):1570-1571. doi: 10.1007/s00270-022-03276-y. Epub 2022 Sep 13.PMID: 36098755
20. *** Versatility of Percutaneous Interventional Radiology Gastrostomy: Why Not the First Option!** Fornazari VAV, Viana PCC, Nunes TF, Andrade GHV. **Cardiovasc Intervent Radiol.** 2023 Mar;46(3):420-421. doi: 10.1007/s00270-022-03345-2. Epub 2023 Jan 10. PMID: 36627520
21. **Ultrasound-guided Transperineal Prostate Thermal Ablation (TPTA) for Benign Prostatic Hyperplasia: Feasibility of an Outpatient Procedure using Radiofrequency Ablation.** Thiago Franchi Nunes, Rafael Dahmer Rocha, Bibiana Ruiz Wehling Ilgenfritz, Flávio Scavone Stefanini, Vinicius Adami Vayego Fornazari, Guilherme Cayres Mariotti, Publio Cesar Cavalcante Viana, Rodrigo Gobbo Garcia, Hugo Alexandre Socrates de Castro, Denis Szejnfeld. **Cardiovasc Intervent Radiol.** Received: 8 October 2024 / Accepted: 20 December 2024.
<https://doi.org/10.1007/s00270-024-03958-9>

PUBLICATIONS ONGOING (PEER REVIEW)

- **Superior hypogastric nerve block (SHNB) for pain control after uterine artery embolization (UAE): a nonblinded quasi-randomized clinical trial**

Authors: Priscila Henriques da Silva; Vinicius Adami Vayego Fornazari; Andrea Puchnick; Denis Szejnfeld.

PEER-REVIEWED ABSTRACTS PRESENTATIONS ACCEPTED

- Carney, B. AbuBakar, M. Borba, MGC. Andrade, GHV. Fornazari, VAV. **Enhanced Myometrial Vascularity: A New Angiographic Perspective. Educational Exhibit presentation for the SIR 2025 Annual Scientific Meeting** in Nashville, March 29 - April 2.
- Carney, B. Andrade, GHV. Goldman, SM, Fornazari, VAV. **Improvement of Uterine Contractility and Quality Life After Uterine Fibroid Embolization. Educational Exhibit presentation for the SIR 2025 Annual Scientific Meeting** in Nashville, March 29 - April 2.

PUBLICATIONS / PRESENTATIONS (non-peer reviewed)

- **Fornazari, VAV.;** Resumption of uterine contractility improves quality of life for women following UFE. Interventional News. 04 dez. 2019. <https://interventionalnews.com/resumption-uterine-contractility>.
- **Fornazari, VAV.** Fibroid Uterine Artery Embolization. SOBRICE Institucional Video – 2024. <https://sobrice.org.br/video-minuto-sobrice-embolizacao-de-miomas/>
- **Fornazari, VAV.** Interventional Pain. SOBRICE Institucional Video – 2024. <https://sobrice.org.br/video-minuto-sobrice-tratamento-intervencionista-da-dor/>.
- **Fornazari, VAV.** Salazar. GM. Gonçalves. B. 1st Interventional Radiology Simulation in the World Broadcast Live involving 3 countries - 2020. RAINTER -- SIEMENS – MENTICE. <https://www.youtube.com/watch?v=0cPnJHOZkMA&t=35s>

DEVICE DEVELOPMENT

- **Patence and Safety Evaluation Study of the Saeris Stent® in the Iliac-Femoral Territory of Pigs. Dezember 12, 2018**
- **Position: Principal investigator hired by Scitech®**
 - The objective of this work is to compare the patency and safety of the self-expandable drug-eluting stent SAERIS (Scitech® Produtos Médicos Ltda. Goiânia, Brazil) with two different versions of the drug (Simulinos x Plactaxel), versus the self-expandable metallic stent SIOXX (Scitech® Produtos Médicos Ltda. Goiânia, Brazil) in the iliac-femoral territory of a porcine animal model, using angiographic parameters).
 - Brazilian Animal Ethics Committee - CEUA: 2332280819)

BOOK EDITION AND CHAPTERS

IN EDITION

- **Fornazari VAV. Interventional Pain Treatments – Interventional Radiology SOBRICE Collection [Tratamentos Intervencionistas da Dor – Coleção Radiologia Intervencionista – SOBRICE] (Expected Deadline 2026)**

CHAPTERS

1. **Fornazari VAV**, Henriques da Silva P, da Silva Lima R. **Radiological Physics**. In: Lobato A. **Angiology, Vascular and Endovascular Surgery Encyclopedic**. [Física Radiológica - Tratado de Angiologia, Vascular e Cirurgia Endovascular]. 4 ed. ICVE, **2022**.
2. **Fornazari VAV**, Santos RFT. **Radiological Contraste Media**. In: Sergio Belczak. (Org.). **Endovascular Surgery Encyclopedic**. [Meio de Contraste Radiológico - Tratado de Cirurgia Endovascular]. 2ed. Rio de Janeiro: Rubio, **2022**, p. 26-.
3. **Fornazari VAV**, Santos RFT. **Uterine Fibroid Embolization**. In: Sergio Belczak. **Endovascular Surgery Encyclopedic**. [Embolização de Miomas Uterinos - Tratado de Cirurgia Endovascular]. 2ed. Rio de Janeiro: Rubio, **2022**, p. 608-.
4. **Fornazari, VAV**; Coutto, MA; Nunes, TF; Lacerda, AML; Tibana, TK; **Lower Limbs Venous Thrombosis Invetigation by Intensive Care Doctor**. In: Murillo Santucci Cesar de Assunção, Dalton de Souza Barros. Bruno de Arruda Bravim. (Org.) **Ultrasound in Intensive and Emergency Care**. [Pesquisa de Trombose Venosa de Membros Inferiores pelo Intensivista – Ultrasonografia na Terapia Intensiva e Medicina de Urgência]. 1ºed. Rio de Janeiro: Atheneu, **2018**, v.1, p. 315-326.
5. **Fornazari, VAV**; Pellegrini, JA; Mendes, PV; Costa Filho, RC; Aveiro, IH. **Ultrasound Guided Vascular Access**. In: Murillo Santucci Cesar de Assunção, Dalton de Souza Barros, Bruno de Arruda Bravim. (Org.). **Ultrasound in Intensive and Emergency Care**. [Acesso Vascular guiado por Ultrassom – Ultrasonografia na Terapia Intensiva e Medicina de Urgência]. 1ºed Rio de Janeiro: Atheneu, **2018**, v. 1, p. 149-.
6. **Fornazari VAV**; Bonduki, CE; Goldman, SM; Gomes, MTV. **Gynecology Complementary Imaging Exams**. In: Manoel João Batista Castello Girão; Edmundo Chada Baracat; Geraldo Rodrigues de Lima. (Org.). **Gynecology Enciclopedy**. [Exames Radiológicos Complementares em Ginecologia - Tratado de Ginecologia]. **1ed**. Rio de Janeiro: Atheneu, **2017**, v. 2, p. 1407-1418
7. **Fornazari, VAV**; Rosas, GQ; Goldman, SM. **Urinary Lithiasis**. In: Jacob Szejnfeld, Nitamar Abdalla, Sergio Ajzen (Org.). **Image Diagnosis**. [Litíase Urinária – Diagnóstico por Imagem]. 2ed. Barueri: Manole, **2016**, v.81, p. 470-.
8. **Fornazari VAV**; Faria, JF; Goldman SM. **Adrenal Gland Pathologies**. In: Jacob Szejnfeld, Nitamar Abdalla, Sergio Ajzen (Org.). **Image Diagnosis**. [Patologias da Glândula Suprarrenal - Diagnóstico por Imagem]. 2ed. Barueri: Manole, **2016**, p. 475-.
9. **Fornazari VAV**; Takehara, RM; Goldman SM. **Kidney Neoplasm Process**. In: Jacob Szejnfeld, Nitamar Abdalla, Sergio Ajzen (Org.). **Image Diagnosis**. [Processos Neoplásicos Renais - Diagnóstico por Imagem]. 2ed. Barueri: Manole, **2016**, p. 465-.

10. **Fornazari VAV. Uterine Fibroid Embolization.** In: Sergio Belczak. **Endovascular Surgery Encyclopedic.** [Embolização de Miomas Uterinos – Tratado de Cirurgia Endovascular]. 1ed. Rio de Janeiro: Rubio, **2016**, p. 608-.
11. **Fornazari VAV. Radiological Contrast Media.** In: Sergio Belczak. (Org.). **Endovascular Surgery Encyclopedic.** [Meios de Contraste Radiológico – Tratado de Cirurgia Endovascular]. 1ed. Rio de Janeiro: Rubio, **2016**, p. 27-.
12. **Vivi, AAG; Fornazari, VAV; Fornazari AE. Thyroid Gland Imaging Methods.** In: Ayder Anselmo Gomes Vivi. **Surgical Treatment of Thyroid Diseases.** [Métodos de Imagem da glândula Tireóide – Tratamento Cirurgico das doenças da Tireóide]. 1ed. São Paulo: Perse, **2012**, v. 1, p. 28-35

TEACHING AIDS, AND OTHER TEACHING PUBLICATIONS

- **Borba, MGC. Enhanced Myometrial Vascularity: A new perspective on Uterine arteriovenous Fistula. Fellowship Conclusion in Radiology and Diagnostic Imaging,** Instituto de Assistência Médica ao Servidor Público Estadual Hospital (IAMSPE), São Paulo, SP – Brazil – **2024.**
- **ABE, DG. Percutaneous Biopsy of Orbital Lesions: Case Reports. Fellowship Conclusion in Interventional Radiology from Instituto de Assistência Médica ao Servidor Público Estadual Hospital (IAMSPE),** São Paulo, SP – Brazil – **2023.**
- **Pinon, RM da Silva. Evaluation of Patients Knowledge about Interventional Radiology in Brazil. Fellowship Conclusion in Interventional Radiology from Federal University of São Paulo (UNIFESP),** São Paulo, SP – Brazil – **2021.**
- **Rosa IF. Biomedical Graduation Conclusion. Knowledge Evaluation in Interventional Radiology and Their Clinical Practices: Biomedical Students from Private University Center São Paulo, Brazil – 2019.**
- **More than fifty Poster Presented in National and International Congress**

MANUAL AND TECHNICAL PUBLICATIONS

- **Elaboration of Life Support in Radiology and Interventional Radiology Algorithms to Fundação Instituto de Pesquisa e Estudo de Diagnóstico por Imagem (FIDI),** São Paulo, SP – Brazil – **2019.**
- **Life Support Course in Radiology and Interventional Radiology Manual (Suporte Avançado à Vida em Radiologia – SAVRAD).** Brazil – **2011.**

PEER REVIEW ACTIVITIES

- **Editor and Scientific Reviewer** of Cardiovascular and Interventional Radiology Journal (CVIR) (2020 – currently).
- **Portuguese Tradutor Reviewer** of Journal of Vascular And Interventional Radiology (JVIR) (2020 – currently)
- **Scientific Reviewer** of Brazilian Radiology Journal (RB) of the Brazilian College of Radiology and Diagnostic Imaging (CBR) (2020 – currently).

TEACHING (OTHER ACTIVITIES)

- **Doctorate (PhD) thesis Examiner:** “Dynamic MRI of the Urethra: A new Technique for Planning and Medium and Long-Term Follow-up of Post-Radical Prostatectomy Urethroplasty”. Author Gustavo Fieldler, Federal University of São Paulo (UNIFESP), São Paulo, SP - Brazil, (March, 2024).
- Member of the SOBRICE Board Certification Committee in Interventional Radiology and Angioradiology (2019 - actual).
- Member of the SBACV (Angiology and Vascular Surgery Society) Certification Board Committee in Endovascular Surgery (2019 - actual).
- Supervisor of weekly Interventional Radiology Scientific Meeting of Federal University of São Paulo (UNIFESP), São Paulo, SP - Brazil, (2015-2018).
- Assistant Professor of Interventional Radiology Residency of Hospital São Paulo from UNIFESP, SP - Brazil, (2015 - currently).
- Preceptor of Interventional Radiology Residency of Instituto de Assistência Médica ao Servidor Público Estadual (IAMSPE), São Paulo, SP - Brazil, (2015 – currently).

HONORS AND AWARDS

- **Second Best Scientific Poster and Presentation – SOBRICE – 2024. Evaluation of the Efficacy of Superior Hypogastric Plexus Block in Pain Control after Uterine Fibroid Embolization** – Silva PH, Mendes GBT, Wang FWN, Gomes ER, Matuda LAK, Dreira LF, Rocha CA, Puchnick A. **Fornazari VAV**, Szjenfeld D.

CONFERENCES LECTURES

INTERNATIONAL MEETINGS

- CIRSE (Cardiovascular and Interventional Radiology Society of Europe) Congress, Barcelona - Spain, 2019.
Presentation: Evaluation of Women Undergoing Fibroid Uterine Artery Embolization.
- First Uruguay Interventional Radiology Journey, Montevideo – Uruguay, October – 2024.
Presentation: Locoregional Interventional Treatments of Liver Tumors.
- ACR (Colombian Radiology Association) - 2º Interventional Radiology Virtual Congress. October – 2021.
Presentation: Pain Interventional Treatments.
- El Coliseo - 2º Interventional Radiology Clinical Session – Latinamerican Webinar. November – 2020.
Presentation: Interventional Treatments in Female Pelvic Pain.
- Mentice Workshop. Boston – Massachusetts, November – 2019. Interventional Radiology Hands-On Experience.
Organization and Presentation.

NATIONAL CONGRESS (BRAZILIAN)

SCIENTIFIC COMMITTEE

- SOBRICE Congress, Brazil: 2021 - 2024.
- Brazilian Society of Interventional Physicians Congress (SOBRAMID), São Paulo, SP- Brazil: 2021 and 2023

POSTER REVIEWER

- SOBRICE Congress, Brazil: 2019 - 2024.

SPEAKER

- SOBRICE Congress, Brazil: 2018 - 2024.
- Brazilian Congress of Radiology (CBR), Brazil: 2020 and 2022
- São Paulo Radiology Journey (JPR), São Paulo, SP-Brazil: 2019 - 2024
- Brazilian Society of Interventional Physicians Congress (SOBRAMID), São Paulo, SP-Brazil: 2021 and 2023
- Brazilian Pain Congress (CBDOR) of Brazilian Society of Pain Study (SBED) São Paulo, SP-Brazil: 2023.
- CICE Congress (International Congress of Endovascular Surgery). São Paulo, SP-Brazil: 2018, 2019

REGIONAL AND LOCAL MEETINGS.

- **More than one hundred Oral Presentations**, in Hospitals, Medical Universities, Board Discussions, Industry meetings about Interventional Radiology in Oncology, Emergency, Gynecology, Obstetrics, Hepatology and Endovascular Surgery.

Exhibit “1”

Evidence of
Dr. Adami Vayego
Fornazari’s Original
Scientific or Scholarly
Research Contributions to
the Academic Field

Recommendation Letters



November 7, 2025

**Department of Homeland Security
United States Citizenship and Immigration Services**

**Subject: Petition Letter in Support of Dr. Vinicius Fornazari – Alien of
Extraordinary Ability**

Dear District Director,

I am writing to offer my unequivocal support for the O-1A visa petition of Dr. Vinicius Fornazari, a physician-scientist whose contributions to the field of interventional radiology exemplify the extraordinary ability required for this designation. As a Clinical Associate Professor of Radiology at the University of North Carolina at Chapel Hill, I bring over two decades of experience in academic medicine, clinical innovation, and international collaboration. I am a board-certified Vascular and Interventional Radiologist and a Fellow of both the Society of Interventional Radiology (FSIR) and the Cardiovascular and Interventional Radiological Society of Europe (FCIRSE). My career has spanned leadership roles at Harvard Medical School and Massachusetts General Hospital, where I co-founded one of the first multidisciplinary fibroid clinics in the United States and served as Radiology Quality Chair, Simulation Officer, and Patient Experience Officer.

Currently, I lead the IR Women's Health service line at UNC, where I have implemented quality frameworks, expanded outpatient services, and led research initiatives including the EMBOLIZE Trial—a randomized controlled study investigating pelvic vein embolization for chronic pelvic pain. I have authored over 70 peer-reviewed publications, contributed to national guidelines, and lectured extensively across North America, Europe, and Latin America. My work has been recognized with numerous awards, and I continue to serve on editorial boards and scientific committees for leading radiology societies.

Dr. Fornazari is a distinguished physician, researcher, and educator whose work has significantly advanced the science and practice of Interventional Radiology and I have had the privilege of collaborating with him on several educational and academic initiatives.

He earned his medical degree in Brazil and completed advanced training in diagnostic and interventional radiology at leading institutions, including the Federal University of São Paulo (UNIFESP), where he currently serves as Assistant Professor in the Interventional Radiology Residency Program. His scientific contributions are both innovative and impactful. His PhD thesis, "*Analysis of Uterine Contractility, Endometrium and Ovaries by MRI in Patients Undergoing Fibroid Uterine Artery Embolization*," has been published in top-tier journals and was featured in the Society of Interventional Radiology's 2023 Research Consensus Panel on Reproductive Outcomes. This work has helped shape clinical understanding of post-embolization reproductive physiology and informed best practices in women's health.

Dr. Fornazari has authored numerous peer-reviewed studies that have influenced clinical protocols and public health policy, including:

- **Transcatheter arterial embolization for giant hepatic hemangiomas**, demonstrating novel use of lipiodol-ethanol mixtures.
- **Cost-effectiveness analysis of percutaneous nephrostomy vs. antegrade double-J stent placement** for malignant obstructive uropathy, which has guided resource allocation in Brazil's public health system.
- **Minimally invasive techniques for biliary obstruction**, including percutaneous transhepatic biopsy and stent placement in post-transplant patients.
- **Embolization for hemorrhagic complications following nephrolithotomy**, providing life-saving interventions in urological emergencies.
- **Ultrasound-guided transperineal prostate thermal ablation (TPTA)** for benign prostatic hyperplasia, advancing outpatient procedural innovation.

Beyond his research, Dr. Fornazari is a recognized leader in the field. He serves as Director of the Interventional Pain Department at SOBRICE, is a scientific reviewer for leading journals such as *Cardiovascular and Interventional Radiology (CVIR)* and *Journal of Vascular and Interventional Radiology (JVIR)*, and is the founder of RAINTER Medical Institute, which delivers interventional radiology services to multiple hospitals in São Paulo.

His work demonstrates sustained national and international acclaim, and his leadership in clinical research, education, and procedural innovation clearly meets the criteria for extraordinary ability in science and education. I am confident that Dr. Fornazari's continued contributions will enrich the U.S. medical and academic

communities and further elevate the standards of interventional radiology. Given my extensive background in clinical research, education, and international mentorship, I am well-positioned to evaluate and endorse Dr. Fornazari's qualifications. His contributions to interventional radiology, particularly in women's health and venous disease, are of exceptional merit and align with the standards of excellence required for the O-1 visa designation.

I strongly endorse his petition for the O-1A visa and respectfully urge its approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gloria Salazar', with a long, sweeping horizontal line extending to the right.

Gloria Salazar, MD, FSIR, FCIRSE

Clinical Associate Professor of Radiology

Department of Radiology

University of North Carolina at Chapel Hill

GLORIA M MARTINEZ SALAZAR, MD

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LinkedIn: www.linkedin.com/in/gloria-salazar-md-fsir-fcirse-22822720

Languages: English, Spanish and Portuguese

Last revised: 9/17/2025

EDUCATION

- 2007 - 2008 Advanced Clinical Fellow
Department of Radiology - Cardiovascular Imaging and Image-Guided Interventions
(Division of Vascular & Interventional Radiology)
Beth Israel Deaconess Medical Center, Boston, MA
- 2006 - 2007 Clinical Fellow
Department of Radiology - Cardiovascular Imaging and Image-Guided Interventions
(Division of Vascular & Interventional Radiology)
Beth Israel Deaconess Medical Center, Boston, MA
- 2005 - 2006 Clinical Research Fellow
Department of Radiology - Cardiovascular Imaging and Image-Guided Interventions
(Division of Vascular & Interventional Radiology)
Beth Israel Deaconess Medical Center, Boston, MA
- 2002 - 2005 Specialist in Radiology (Diagnostic Radiology Resident)
Federal University of Sao Paulo (UNIFESP)
School of Medicine-SP- Brazil
- 1996 - 2001 Doctor of Medicine (MD)
Federal University of Sao Paulo (UNIFESP)
School of Medicine-SP- Brazil

CERTIFICATIONS

- 2021 - present Medical License, North Carolina
- 2006 - 2021 Medical License, Commonwealth of Massachusetts
- 2016 American Board of Radiology Certification in Interventional Radiology/ Diagnostic Radiology

2013	American Board of Radiology Certification in Diagnostic Radiology
2006	USMLE Step 3
2005	ECFMG certified (USMLE Step 1/ Step 2 CK and CS)

PROFESSIONAL EXPERIENCE

2021 – present	Clinical Associate Professor of Radiology University of North Carolina at Chapel Hill, NC
2016 - 2021	Assistant Professor of Radiology Harvard Medical School, Boston, MA
2008 - 2015	Instructor of Radiology Harvard Medical School, Boston, MA

PROFESSIONAL DEVELOPMENT

2013	Grant Writing Course RSNA
2014	Center for Medical Simulation Instructor Course- Harvard
2015-16	Physician Leadership Course- Brigham- MGH/Harvard
2016	Clinical Trials Workshop RSNA
2018	Clinical Process Improvement Leadership Program Brigham- MGH/Harvard

ADMINISTRATIVE LEADERSHIP POSITIONS

2024	Vice Chair of Development and Engagement Department of Radiology University of North Carolina at Chapel Hill, NC
2022 - 2023	Vice Chair of Health Equity Department of Radiology University of North Carolina at Chapel Hill, NC
2022-2024	Castillo Scholars Program – Director
2021 - 2022	Chief of Vascular Interventional Radiology Department of Radiology University of North Carolina at Chapel Hill, NC
2019 - 2021	Departmental Patient Experience Officer Department of Radiology Massachusetts General Hospital, MA
2019 - 2021	Medical Director Vein IAC accreditation Waltham Fireman Vascular Center Massachusetts General Hospital, MA
2016 - 2018	Medical Director Outpatient Interventional Radiology Department of Radiology Massachusetts General Hospital West, MA
2015 - 2021	Departmental Simulation Officer

	Department of Radiology Massachusetts General Hospital, MA
2013 – 2021	Co- Director Massachusetts General Fibroids Program Department of Radiology and Department of Obstetrics and Gynecology Massachusetts General Hospital, MA
2012 - 2021	Course Director (and speaker) at weekly simulation RSS 3028 Simulation-Based MGH Imaging Program on Contrast and Emergency Management with an emphasis on team training. Department of Radiology and Learning Lab Massachusetts General Hospital, MA
2011 - 2016	Departmental Quality Chair Department of Radiology Massachusetts General Hospital, MA
2011 - 2016	Course Director (and presenter) at quarterly MM conferences RSS # 224 - Radiology Quality Improvement - Risk Management Conference Department of Radiology Massachusetts General Hospital, MA
2008 - 2010	Quality and Assurance Liaison Division of Vascular Imaging and Intervention Department of Radiology Massachusetts General Hospital, MA
2002 - 2003	Chief Resident Federal University of São Paulo (UNIFESP) School of Medicine-SP- Brazil

HONORS AND AWARDS

2022	JVIR People's Choice Award
2022	Fellow of Cardiovascular Interventional Radiology European Society (CIRSE)
2020	Fellow of the Society of Interventional Radiology
2017	Patient Safety Star Award, Massachusetts General Hospital
2017	Partners in Excellence Team Award- Contrast Emergency Management Simulation
2016	Partners Clinical Process Improvement Leadership Program Coach Recognition Award
2015	Service Excellence Honorable Mention Team Award: MGH Integrated Fibroid Program
2013	Partners in Excellence Award- Participant at the MGHfC Procedural Areas Clinical Standards Working Group Project
2013	Partners in Excellence Team Award- Contrast Emergency Management Simulation
2009	Certificate of Merit-Radiological Society of North America (RSNA) "Recent advances in evaluation and treatment of popliteal artery disease" [Educational exhibit]
2005	Certificate of Merit-Radiological Society of North America (RSNA)-"A Venographic Pictorial Essay of Lower Extremity Varicosities"
1999	1st Prize Young Investigator Award. Brazilian Society of Hepatology:"Effect of the Administration of Ursodesoxicolic Acid on the Experimentally Induced Hepatic Steatosis"

BIBLIOGRAPHY

TEXTBOOKS/TEXTBOOK CHAPTERS

1. Penzias A, **Salazar GM**. Contrast reactions. In: Advanced Practice and Leadership in Radiology Nursing. Kathleen A. Gross, editor. First Edition Springer Nature Switzerland AG, 2020. Chapter. p 119-128.
2. **Salazar GM**, Bianco R, Lang EV. Non-pharmacologic analgesia for image-guided procedures. In: Marlus Vinicius Costa Ferreira, editor. Manual Brasileiro de Hipnose Clínica, 2nd edition. Sao Paulo, Brazil. Atheneu, 2013. Chapter. p 261-265.
3. Book chapters (10 Chapters) In: Diagnostic Imaging Interventional Procedures, 1st Edition. Walker TG, editor. Philadelphia (PA): Lippincott Williams & Wilkins; 2012.
 - 1) **Salazar, GMM**. Varicocele. p 4-58-63.
 - 2) **Salazar, GMM**. Ports. p 4-106-113.
 - 3) **Salazar, GMM**. Uterine Artery Embolization. p 3-248-255.
 - 4) **Salazar, GMM**. Pelvic Congestion Syndrome. P 4-50-57.
 - 5) **Salazar, GMM**. Vascular Malformation other than CNS. p 3-104-113.
 - 6) **Salazar, GMM**. Pulmonary Arteries. p 3-146-155.
 - 7) **Salazar, GMM**. IVC filters. p 4-18-25.
 - 8) **Salazar, GMM**. Portal-hepatic venous thrombosis. p 4-136-143.
 - 9) **Salazar, GMM**. Fertility and Sterility Interventions. p 5-70-75.
 - 10) **Salazar, GMM**. Post Liver Transplant Procedures. p 7-14-21.
4. **Salazar GMM**, Abudujeh HH. Quality Improvement Strategies in Interventional Radiology. In: Bruno and Abudujeh, editors. Handbook of Interventional Radiologic Procedures, 4th Edition. Philadelphia, PA. Lippincott Williams & Wilkins, 2012. Chapter. p 302-313
5. **Salazar GMM**, Abudujeh HH. Quality Improvement Strategies in Interventional Radiology. In: Kandarpa K and Machan L, editors. Handbook of Interventional Radiologic Procedures, 4th Edition. Philadelphia, PA. Lippincott Williams & Wilkins, 2011. Chapter. p 697-702
6. Faintuch S, **Salazar GMM**. Imaging features of inflammatory acute abdomen. In: Lopes AC, Reibschaid S, Szejnfeld J, editors. Acute Abdomen (Portuguese). Sao Paulo: Atheneu; 2004. p. 56-77.
7. Faintuch S, Collares FB, **Salazar GMM**, Lang EV. Antibiotic prophylaxis in interventional radiology. In: Mauro MA, Murphy KPJ, Thomson KR, Venbrux AC, Zollkofer CL, editors. Image-guided Interventions. Philadelphia, PA: Elsevier; 2008. p. 1312-1318.
8. **Salazar GMM**, Faintuch S, Lang EV. Adjunctive hypnotic management of acute pain in invasive medical interventions. In: Audette JF, Bailey A. editors. Integrative Pain Medicine: The Science and Practice of Complementary and Alternative Medicine in Pain Management. Totowa, NJ: Humana Press; 2008. p. 211-224.
9. Faintuch S, **Salazar GMM**, Collares FB, Lang EV. Non-traditional pain management in interventional radiology. In: Ray CE Jr., editor. Pain Management in Interventional Radiology. New York, NY: Cambridge University Press; 2008. p. 280-295.

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11. Book chapters In: Techniques in Vascular and Interventional Radiology: "On Call" Emergencies for the Interventional Radiologist. New York, NY: Elsevier; 2009.
 - 1) Kalva SP, **Salazar GM**, Walker TG. Transjugular intrahepatic portosystemic shunt for acute variceal hemorrhage. p. 92-101.
 - 2) **Salazar GM**, Walker TG. Evaluation and management of acute vascular trauma. p. 102-16.
 - 3) **Salazar GM**, Petrozza JC, Walker TG. Transcatheter endovascular techniques for management of obstetrical and gynecologic emergencies. p. 139-47
12. **Salazar GMM**, Faintuch S, Laser E, Lang EV. Hypnosis during invasive medical and surgical procedures. In: Rhue JW, Lynn SJ, Kirsch I, editors. Handbook of Clinical Hypnosis. Washington, DC: American Psychological Association; 2010 p.575-592.

PEER-REVIEWED PUBLICATIONS IN PRINT OR OTHER MEDIA

1. Wang K, Siegel L, Betancourt A, Keefe NA, **Salazar G**, Browder S, Marston WA. Frequency of left common iliac vein compression in asymptomatic adolescents and young adults. J Vasc Surg Venous Lymphat Disord. 2025 Jun 20:102282. doi: 10.1016/j.jvsv.2025.102282. Epub ahead of print. PMID: 40545194.
2. Patetta MA, Griffith KN, Walker JA, Kohi MP, Nyante SJ, **Salazar G**, Keefe NA. National Utilization Trends of Inpatient Procedures for Symptomatic Uterine Fibroids and Adenomyosis: A 10-Year Analysis. J Am Coll Radiol. 2024 Dec 9;. doi: 10.1016/j.jacr.2024.11.031. [Epub ahead of print] PubMed PMID: 39662714.
3. Patetta MA, Griffith KN, Walker JA, Kohi MP, Keefe NA, **Salazar G**. A Decade Long Analysis of Healthcare Disparities and Uterine Artery Embolization: An Exploration of Social Determinants of Health. J Vasc Interv Radiol. 2024 Nov 23;. doi: 10.1016/j.jvir.2024.11.016. [Epub ahead of print] PubMed PMID: 39586535.
4. Risner V, Gonzales E, McColgan Y, **Salazar G**. Interventional Radiology Treatments to Address Chronic Pelvic Pain in Females. Cardiovasc Intervent Radiol. 2024 Nov 22;. doi: 10.1007/s00270-024-03823-9. [Epub ahead of print] Review. PubMed PMID: 39576323
5. Keefe N, Patel N, Mody P, Smith K, Quist-Nelson J, Kaufman C, Kohi M, **Salazar G**. Obstetric Interventional Radiology: Periprocedural Considerations When Caring for the Pregnant and Postpartum Patient. Semin Intervent Radiol. 2024 Aug;41(4):413-423. doi: 10.1055/s-0044-1790559. eCollection 2024 Aug. Review. PubMed PMID: 39524245; PubMed Central PMCID: PMC11543098.
6. Stewart JK, Myers E, Petrozza J, Kaufman C, Goltzarian J, Kohi MP, Chiang A, Carlos R, Spies J, Abi-Jaoudeh N, **Salazar G**. Reproductive Outcomes of Patients Undergoing Uterine Artery Embolization for Uterine Fibroids: Proceedings from The Dr. James B. Spies Summit for Uterine Fibroid Research-A Society of Interventional Radiology Foundation Research Consensus Panel. J Vasc Interv Radiol. 2024 Sep;35(9):1288-1295. doi: 10.1016/j.jvir.2024.05.014. Epub 2024 May 31. Review. PubMed PMID: 38825179.

7. Mody P, Keefe N, **Salazar G**, Kohi MP. Medicolegal Considerations for Vascular Interventional Radiologists in the Era of Abortion Care Limitations. *J Vasc Interv Radiol*. 2024 Jul;35(7):1072-1074. doi: 10.1016/j.jvir.2024.03.018. Epub 2024 Mar 20. PubMed PMID: 38519000
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9. Secemsky EA, Aronow HD, Kwolek CJ, Meissner M, Muck PE, Parikh SA, Winokur RS, George JC, **Salazar G**, Murphy EH, Costantino MM, Zhou W, Li J, Lookstein R, Desai KR. Intravascular Ultrasound Use in Peripheral Arterial and Deep Venous Interventions: Multidisciplinary Expert Opinion From SCAI/AVF/AVLS/SIR/SVM/SVS. *J Vasc Interv Radiol*. 2024 Mar;35(3):335-348. doi: 10.1016/j.jvir.2023.11.006. Epub 2024 Jan 9. PubMed PMID: 38206255
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12. Risner V, McColgan Y, **Salazar G**. Interventional Treatment of Labial Varices. *Semin Intervent Radiol*. 2023 Aug;40(4):384-388. doi: 10.1055/s-0043-1771040. eCollection 2023 Aug. Review. PubMed PMID: 37575344; PubMed Central PMCID: PMC10415056.
13. Mody P, **Salazar G**, Kohi MP. Recanalization of Proximal Fallopian Tube Obstruction in the Treatment of Infertility. *Semin Intervent Radiol*. 2023 Aug;40(4):379-383. doi: 10.1055/s-0043-1771042. eCollection 2023 Aug. Review. PubMed PMID: 37575349; PubMed Central PMCID: PMC10415059.
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16. Trivedi PS, Guerra B, Kumar V, Akinwande G, West D, Abi-Jaoudeh N, **Salazar G**, Rochon P. Healthcare Disparities in Interventional Radiology. *J Vasc Interv Radiol*. 2022 Dec;33(12):1459-1467.e1. doi: 10.1016/j.jvir.2022.08.026. Epub 2022 Sep 2. Review. PubMed PMID: 36058539.

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18. **Salazar G**, Kohi M. Safety of Uterine Artery Embolization for Subserosal Pedunculated Fibroids: Sufficient Data or More Studies Are Needed? *J Vasc Interv Radiol*. 2022 Sep;33(9):1032-1033. doi: 10.1016/j.jvir.2022.05.008. PubMed PMID: 36049839.
19. **Salazar G**, Mossa-Basha M, Kohi MP, Burke LM. Short-Term Mitigation Steps During the Iohexol Contrast Shortage: A Single Institution's Approach. *J Am Coll Radiol*. 2022 Jul;19(7):841-845. doi: 10.1016/j.jacr.2022.05.004. Epub 2022 May 18. PubMed PMID: 35594951.
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22. da Silva PH, Gomes MM, de Matos CAL, de Souza E Silva IS, Gonzalez AM, Torres US, **Salazar GMM**, D'Ippolito G. HCC Detection on Surveillance US: Comparing Focused Liver Protocol Using US LI-RADS Technical Guidelines to a General Complete Abdominal US Protocol. *J Ultrasound Med*. 2021 Nov;40(11):2487-2495. doi: 10.1002/jum.15637. Epub 2021 Jan 19. PubMed PMID: 33463734.
23. Poyyamoli S, Mehta P, Cherian M, Anand RR, Patil SB, Kalva S, **Salazar G**. May-Thurner syndrome. *Cardiovasc Diagn Ther*. 2021 Oct;11(5):1104-1111. doi: 10.21037/cdt.2020.03.07. Review. PubMed PMID: 34815961; PubMed Central PMCID: PMC8569277.
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25. Tanaka ME, Kutsenko O, **Salazar G**. Choosing the Most Appropriate Treatment Option for Pelvic Venous Disease: Stenting versus Embolization. *Semin Intervent Radiol*. 2021 Jun;38(2):182-188. doi: 10.1055/s-0041-1727104. Epub 2021 Jun 3. Review. PubMed PMID: 34108804; PubMed Central PMCID: PMC8175116.
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- Feasibility and Safety Study with Suture-Based Microparticles Compared with Microspheres. *Cardiovasc Intervent Radiol*. 2021 Apr;44(4):625-632. doi: 10.1007/s00270-020-02678-0. Epub 2020 Oct 25. PubMed PMID: 33099701.
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Dear USCIS Officer,

I am pleased to offer this letter in strong support of **Dr. Vinicius Adami Vayego Fornazari** and his petition for classification as an alien of extraordinary ability. My name is **Dr. Renato Abu Hana**, and I serve as an Assistant Professor of Interventional Radiology at the University of Florida, with postgraduate specialization completed at McGill University in Montreal, Canada. Throughout my career I have collaborated with many excellent interventional radiologists, both in the United States and internationally, and I have been consistently impressed by the remarkable caliber of Dr. Fornazari's work and professional influence.

My first interactions with Dr. Fornazari occurred in the context of academic collaboration, where we worked together on scientific discussions, manuscript development, and case-based teaching material. It was immediately evident that he brings an exceptional level of clarity, precision, and depth to every academic exchange. His knowledge of embolization techniques, interventional pain procedures, hepatobiliary interventions, and complex endovascular therapies became a valuable resource not only to me, but to trainees and colleagues who participated in these sessions. His ability to translate technically demanding concepts into practical, teachable elements is a hallmark of an experienced educator and an advanced clinician.

Dr. Fornazari's professional record reflects more than a decade of advanced interventional practice across a broad spectrum of subspecialties, including vascular, oncologic, urologic, gynecologic, emergency, and transplant-related interventions

He holds faculty appointments as **Assistant Professor of Interventional Radiology** at both UNIFESP and IAMSPE—two major centers responsible for training a significant share of the next generation of specialists in Brazil. In these roles, he supervises residents, directs weekly scientific meetings, and routinely contributes to the academic instruction of trainees. These responsibilities are awarded only to physicians with proven technical leadership and strong academic foundations.

In addition to his clinical and teaching contributions, Dr. Fornazari holds several high-level leadership and scientific positions that demonstrate his recognition by peers. His role as **Director of the Interventional Pain Department at SOBRICE**—Brazil's national interventional radiology society—places him at the forefront of developing educational programs, professional guidelines, and national initiatives for the specialty. Leadership positions at SOBRICE are attained through nomination by senior members and require clear evidence of expertise, academic productivity, and professional reputation.

He also serves on multiple certification committees that oversee national board examinations in Interventional Radiology, Angio radiology, and Endovascular Surgery

These committees establish training standards and certify new specialists. Appointment to these committees is a selective process reserved only for specialists with acknowledged authority and proven mastery of the discipline.

Dr. Fornazari's editorial contributions further reinforce his international standing. He serves as a scientific reviewer for **CVIR**, **CVIR-Oncology**, **JVIR**, and the **Brazilian Radiology Journal**, among others. These peer-review responsibilities are extended only to researchers with a strong publication record, demonstrated subject-matter expertise, and an international academic footprint. His selection as a reviewer for some of the most respected journals in our field is clear evidence that his judgment and scientific insight are trusted by global editorial boards.

His research particularly in uterine fibroid embolization (UFE)—has contributed to significant advances in the field. His work on MRI-based assessment of uterine contractility, quality-of-life outcomes after embolization, and refinements in embolization techniques has been cited internationally and has been presented at major academic meetings in Europe and Latin America, including CIRSE and SOBRICE

His contributions have informed both clinical practice and academic teaching materials, highlighting his meaningful influence on patient care well beyond his home institution.

From my perspective as a faculty member at a safety-net academic medical center in the United States, I believe Dr. Fornazari's presence in the U.S. would have an immediate and lasting benefit. He possesses a rare combination of advanced procedural capability, academic productivity, and a demonstrated commitment to expanding access to minimally invasive care. If granted the opportunity to work in the United States, he will contribute substantially to the advancement of interventional radiology, strengthen resident and fellow education, and help expand specialized care to the underserved populations that institutions like the University of Florida proudly serve.

For these reasons, I offer my strongest endorsement of **Dr. Vinicius Adami Vayego Fornazari**. His record of achievement, leadership, and service is exceptional, and he will be an undeniable asset to the American medical and academic community.



Renato Abu Hana, MD

Assistant Professor of Interventional Radiology
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(904) 244-4202 (Office)
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RENATO ABU HANA



BASIC INFORMATION

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PROFILE

Assistant Professor in Interventional and Diagnostic Radiologist at the University of Florida, with advanced fellowship training in Interventional Radiology, Abdominal Imaging, Body MRI, and Community Radiology from McGill University. Extensive expertise in a wide range of image-guided vascular and non-vascular procedures, as well as diagnostic imaging interpretation. Dedicated to medical education, mentorship, and multidisciplinary collaboration, with a strong commitment to patient care and clinical excellence.

WORK EXPERIENCE

Assistant Professor in Diagnostic and Interventional Radiology

July/2023 – Current

University of Florida – Jacksonville

Responsibilities:

1. Teaching and Curriculum Development:

- Design and deliver engaging lectures and practical sessions in Interventional and Diagnostic Radiology for medical students and residents.

2. Clinical Supervision:

- Provide clinical supervision to residents and interns in IR and DR.
- Offer guidance on imaging techniques, interpretation, and patient care protocols.

3. Research and Publication:

- Conduct independent research in Radiology, contributing to the academic community's knowledge base.

4. Collaboration with Colleagues:

- Collaborate with fellow faculty members to enhance departmental initiatives.
- Participate in multidisciplinary collaborations to foster a holistic approach to patient care.

5. Mentorship:

- Mentor and advise students and residents in their academic and professional development.
- Foster a positive learning environment, encouraging critical thinking and academic excellence.

Diagnostic Radiologist

Jan, 2018 – Jul, 2018

Telemedicine

Working in Diagnostic Radiology in X-ray and CT for many companies in Brazil by Telemedicine.

ER Doctor and Medical Coordinator (Head)

Aug, 2012 – Jan, 2015

Onix Hospital, Curitiba

Medical

Coordinator and physician of the Emergency Room at Onix Hospital.

Performed among

others, the following functions:

- Quality control

management of the operation of the E.R.

- Hospital management.
- ATLS and ACLS.

Member of the Ethics Committee

Jan, 2014 - Jan, 2015

Onix Hospital, Curitiba

The Hospital Ethics Committee at the level of advice, has the mission of protecting the customer and their families, as well as the hospital itself, of any errors, prevent problems of ethical and professional order, correct if deviations arise, promote respect and the dignity of the human being in all hospital procedures and in all sectors and services.

Member of the death review committee

Jan, 2014 - Jan, 2015

Onix Hospital, Curitiba

The Death Review Committee of Onix Hospital aims to analyze deaths, procedures and professional conduct performed, and the information quality from obituaries. Also develops standards for audit and review of medical records of patients who died, regulates and monitors the proper registration and completion of death certificates.

Occupational Medicine

Aug, 2012 - Jan, 2015

Hanaclin Occupational Medicine

As Occupational Medicine Physician performed within others, the following functions:

- Identify potential hazards in the workplace including toxic properties of materials used.
- Evaluate employee fitness for work.
- Diagnose and treat occupational disease and injury.
- Rehabilitation methods, health education, and government laws and regulations concerning workplace health.
- Manage health service delivery.

EDUCATION

Community Radiology Fellowship (with Interventional Radiology)

July, 2022 - Jun, 2023

McGill University - Canada

- Community radiology program from McGill University based at the Lakeshore General Hospital (Montreal area). LGH comprises over 250 inpatient beds and performs over 100,000 radiologic examinations per year. As well, over 1200 interventional procedures.
- All modalities exams including abdominal imaging, thoracic imaging, musculoskeletal imaging, interventional radiology, and neuroimaging.
- High exposure to interventional radiology - vascular and nonvascular procedures.

Body MRI Fellowship (with Interventional Radiology)

Jan, 2021 - April, 2022

McGill University - Canada

The Body MRI fellowship includes rotations in MRI, CT and US, with primary focus on MRI. The McGill University Health Center (MUHC) is the tertiary care teaching institution of McGill University that comprises approximately 1,000 total inpatient beds and performs approximately 400,000 radiologic examinations per year, including MRI, CT, US and plan films.

- Clinical activities take place at the Montreal General Hospital (MGH) and Royal Victoria Hospital (RVH) sites of the MUHC and annually performs 6,000 interventional procedures. Nonvascular intervention is an integral part of the Abdominal Imaging fellowship. Rotation in Interventional Radiology (Vascular) program at Lakeshore Hospital (Montreal area).

Abdominal Imaging / Interventional Radiology Fellowship

Jan, 2020 – Jan, 2021

McGill University – Canada

The McGill University Health Center (MUHC) is the tertiary care teaching institution of McGill University that comprises approximately 1,000 total inpatient beds and performs approximately 400,000 radiologic examinations per year, including MRI, CT, US and plan films. Clinical activities take place at the Montreal General Hospital (MGH) and Royal Victoria Hospital (RVH) sites of the MUHCs as well, the department of Radiology annually performs 6,000 interventional procedures. Nonvascular intervention is an integral part of the Abdominal Imaging fellowship. Once week rotation in Interventional Radiology (Vascular) program.

Interventional Radiology Clinical Fellowship

Jan, 2019 – Jan, 2020

McGill University – Canada

- IR Fellowship Training Program at McGill University Health Center, Montreal.
- The fellowship program offered me exposure to all areas of vascular and non-vascular diagnostic and interventional image-guided procedures.
- Research and Medical Education.
- Over 1500 IR procedures was performed by me, including pediatric cases.
- For different sites: Royal Victoria Hospital, Montreal Children's Hospital, Montreal General Hospital (Trauma Centre) and Jewish General Hospital. Both hospitals are dialysis and oncology centers.
- There are 4 adult IR suites and one Pediatric IR suite at the MUHC, 2 IR suits at MGH and 2 IR suites at the Jewish Hospital.
- Over 15 weeks on call performed.

Post Doctoral Research Fellowship in Interventional Radiology

Jul, 2018 – Dez, 2018

University of Montreal (CHUM) – Canada

Post Doctoral Research Fellowship in Interventional Radiology at Centre de recherche du Centre hospitalier de l'Université de Montréal (CRCHUM) as main author of the recently published study, in the Journal of Biomaterial Applications, entitled "The Feasibility of Degradable Glass Microspheres as Transient Embolic Medical Devices" and present on reputed conferences.

Radiology and Medical Imaging

Jan, 2015 – Dez, 2017

Lâmina Clinic – DASA Group

Graduated by DASA – the official residency program of Brazilian College of Radiology.

IETLS Test – English Proficiency Test

Dec, 2017 – Dec, 2017

International English Language Testing System

International English Language Testing System – 2017.

Satisfactory results.

Occupational Medicine

April, 2012 – May, 2016

Pontifícia Universidade Católica do Paraná (PUC-PR)

Pos graduation in Occupational Medicine at PUC University, official program of ANAMT (National Association of Occupational Medicine).

Medical Degree

July, 2006 – July, 2012

Universidade do Vale do Itajaí

Graduated with excellent grades at Universidade do Vale do Itajaí, medical school recognized nationally and internationally.

Advanced English Course

2005 – 2010

Cultural Norte Americano

Graduated in Advanced English Course with high scores by CNA – Cultural Norte Americano – English School.

INTERNSHIP

Interventional Radiology Internship – AC Camargo Cancer Center

Jul, 2017 – Ago, 2017

Interventional Radiology Center
Internship in

Interventional Radiology at AC Camargo Cancer Center – one of the largest oncologic prevention, treatment, teaching and research centers of world. It operates in an integrated and multi-disciplinary basis on cancer prevention, diagnosis and treatment with success rates comparable to those of large world centers.

Internship in General Surgery

Fev, 2009 – Mar, 2009

IFMSA – International Federation of Medical Students Associations

Internship in General Surgery at the International Coltea Hospital in the city of Bucharest, Romania. Conducted monitoring and assistance in conventional and videolaparoscopies surgeries. Participation procedures Endoscopic and ERCP. Evaluation of patients before and after surgery.

NOTABLE PUBLICATIONS (PEER REVIEWED)

- "The Feasibility of Degradable Glass Microspheres as Transient Embolic Medical Devices" – Journal of Biomaterials Applications.
- "Sarcopenia index by CT/MRI predicts liver growth and resectability of patients after portal vein embolization" – ALPS 2019 and IHPBA 2020.

LANGUAGES

1. Portuguese: Native language
2. English: Fluent
3. Spanish: Proficient
4. French: Competent

CREDENTIALS AND CERTIFICATIONS

Board Certification:
Brazilian college of Radiology (CBR)

Active Licensures:
Florida Board of Medicine (MFC) April/2023 – Current (Active)

USLME: Step 2 and OET. Step 1 and 3 ongoing.

IELTS English Certificate

PARTICIPATION IN EVENTS AND CONFERENCES

- Presenting – 167h Annual GEST Meeting 2023, USA.
- Attending – 16th Annual GEST Meeting 2022, USA.
- Presenting at CAIR/Cook Embolization: Canadians Fellows Challenge 2021, Canada.

- Attending - 15th Annual GEST Meeting 2021, USA.
- Attending at Grand Slams and Catastrophes - CAIR 2021, Canada.
- Presenting and Attending - 14th Annual GEST Meeting 2020 (Virtual).
- Attending at Grand Slams and Catastrophes - CAIR 2020, Lake Louise, Canada
- Presenting case and Attending at Soirée des Trophées Dotter et Audace - 2019, Montreal, Canada
- Presenter a poster and Attending at CIRSE 2019 - Barcelona, Spain.
- Presenter at Resident and Fellow Day at CAIR 2019 - Toronto, Canada.
- Attending - 13th Annual GEST Meeting 2019 - NYC - USA.
- Presenter at Canadian Association of Radiology Meeting 2019.
- Presenter at 7^o Journée Universitaire du département de radiologie, radio-oncologie et médecine nucléaire de la Faculté de médecine de l'Université de Montréal
- 104th RSNA Annual Meeting (2018).
- 20^o Congresso da Sociedade Brasileira de Radiologia Intervencionista e Cirurgia Endovascular - 2017
- 47 Jornada Paulista de Radiologia - JPR in Partnership with RSNA (2017).
- 46 Jornada Paulista de Radiologia - JPR in Partnership with RSNA (2016).
- Curso de Atualização do CBR - Módulo Neurorradiologia e Medicina Interna. Neuroradiologia e Medicina Interna. 2016. (Simpósio).
- ACLS - Advanced Cardiovascular Life Support. Participação no Curso de ACLS (2012).
- XXVII JORNADA DE SAÚDE OCUPACIONAL APAMT (2012).
- XVI Semana de Iniciação Científica do curso de Medicina. Tabagismo em Adolescentes: fatores de risco relacionados ao cigarro (2011).
- XVI Semana de Iniciação Científica do curso de Medicina. Tabagismo em Adolescentes: fatores de risco relacionados ao cigarro (2011).
- XVI Semana de Iniciação Científica do curso de Medicina. Tabagismo em Adolescentes: fatores de risco relacionados ao cigarro (2011).
- III Encontro das ligas acadêmicas de medicina (2009).
- I Jornada acadêmica de medicina interna (2009).
- IX CARDIOINTERV - Simpósio Internacional de Cardiologia Intervencionista (2009).
- Palestra: Dor abdominal na emergência, com Dr. Marcelo Henrique Rovaris (2009).
- XI Jornada de gastroenterologia clínica, cirurgia e endoscopia de Itajaí (2009).
- EREM 2008 - XIII Encontro regional dos estudantes de medicina (2008).
- III Oficina de estágios do CAPEVI (2008).
- II Jornada de trauma da liga acadêmica de Trauma e Clínica Cirúrgica - LIATCC da UNIVALI (2008).
- XIII Encontro regional dos estudantes de medicina (2008).
- XI Jornada acadêmica de estudos médicos (2008).
- 6^o Minijornada de ginecologia e obstetrícia da UNIVALI (2007).
- I Encontro das ligas acadêmicas de medicina (2007).
- Intercâmbio Cultural - Mohegan Sun Casino - CT/USA (2007).
- X JAEM - Jornada acadêmica de estudos médicos (2007).

REFERENCES

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Assistant professor of Interventional Radiology at McGill University

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Tel: (514) 952-1667

- **David Valenti, MD, CM, FRCPC**

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Director, IR Fellowship Training Program

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United States Citizenship and Immigration Services

To Whom It May Concern:

It is my distinct pleasure to write this letter of recommendation for Dr. Vinicius Adami Vayego Fornazari in support of his petition an alien of extraordinary ability.

My name is Dr. Grit Armstrong Adler, and I am the Chief of the Interventional Radiology department at the University of Florida College of Medicine – Jacksonville, where I practice as a Diagnostic and Interventional Radiologist. I completed my Vascular and Interventional Radiology Fellowship at Cornell Weill Medical Center and Memorial Sloan Kettering Cancer Center in New York, and I am board certified in both Diagnostic Radiology and Cardiovascular & Interventional Radiology. I have over 15 years of experience in both academic and hospital-based interventional radiology, including service as Chief of Interventional Radiology at the Tampa Veterans Administration Healthcare System, and as a Lieutenant Colonel (O-5) in the United States Air Force, from which I was honorably discharged.

Through my clinical, academic, and research work, I have collaborated with many skilled physicians in interventional radiology across the United States and abroad. Among them, Dr. Fornazari stands out as an extraordinarily talented interventional radiologist whose expertise, leadership, and scientific contributions have had a meaningful international impact on our field.

I first met Dr. Vinicius Fornazari during the selection process for a faculty position in Interventional Radiology at the University of Florida, where he was being considered for an Associate Professor role. As part of the committee, I had the opportunity to interview him, attend his academic presentation, and review his professional credentials and body of work. His lecture was of exceptional quality—clearly demonstrating not only his mastery of complex interventional techniques but also his ability to communicate advanced concepts with clarity, confidence, and academic depth.

During our interactions, I was deeply impressed by his professionalism, broad expertise, and international reputation. Dr. Fornazari's clinical and academic trajectory is nothing short of remarkable. His contributions as an Assistant Professor of Interventional Radiology at the Federal University of São Paulo (UNIFESP) and IAMSPE, his leadership roles such as Director of the Interventional Pain Department at SOBRICE, and his service as a board member on certification committees for Interventional Radiology and Endovascular Surgery all underscore his exceptional standing in the field.

The Foundation for The Gator Nation

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Dr. Fornazari is also a prolific scholar whose work has contributed meaningfully to the advancement of interventional radiology. He has authored numerous peer-reviewed publications and book chapters addressing complex minimally invasive therapies, and several of his studies—particularly in uterine fibroid embolization and interventional pain management—are widely cited and used as reference material in educational and training settings. In addition, he serves in editorial and peer-reviewer roles for highly respected journals such as *Cardiovascular and Interventional Radiology (CVIR)* and the *Journal of Vascular and Interventional Radiology (JVIR)*. These positions are offered only to individuals with demonstrated expertise, outstanding academic credentials, and a strong publication record. Serving as a reviewer for these journals is considered a mark of distinction, as editors rely on recognized experts in the field to evaluate scientific rigor, methodological quality, and the clinical relevance of manuscripts. His selection for these roles reflects both national and international recognition of his authority and trusted judgment within the interventional radiology community.

In summary, Dr. Fornazari will play a vital role in advancing academic medicine in the United States. His expertise in complex, minimally invasive procedures will strengthen interventional radiology training and research, and his presence will greatly enhance institutions like the University of Florida, where we serve a predominantly underserved population.

If granted this opportunity, he will help expand access to high-quality, cutting-edge care for patients who need it most, while contributing meaningfully to education, innovation, and the overall improvement of public health in the U.S.



Grit Adler, M.D., LtCol., USAF Ret.

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CURRICULUM VITAE

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Current Position

Chief Interventional Radiology
Program Director, Interventional Radiology Integrated and Independent Residency
Medical Director Radiology - UF Health North
Clinical Assistant Professor
Diagnostic Interventional Radiologist
University of Florida College of Medicine – Jacksonville
Jacksonville, FL 32209

Education

Cornell Weill Medical Center, & Sloan Kettering Memorial Hospital, New York, New York	07/2009- 08/2010
Vascular and Interventional Radiology Fellowship, <i>CAQ Cardio Vascular Interventional Radiology Board Certified 2011</i>	12 Months
Mercy Catholic Health System East, Darby, Pennsylvania	07/2005-06/2009
Radiology Residency <i>Diagnostic Radiology Board Certified 2009</i>	48 Months
University of Pennsylvania, Presbyterian, Philadelphia, Pennsylvania	06/2004- 06/2005
Transitional Medical Internship, PGY-1	12 Months
Temple University School of Medicine, Philadelphia, Pennsylvania Medical Doctorate	08/2000-05/2004
Pennsylvania State University, University Park, Pennsylvania Ph.D. Genetics	0/1999-05/2000
Rutgers University, New Brunswick, New Jersey BA Biological Sciences	09/1996- 05/1998

Military Experience

United States Department of the Air Force 6MDS, MacDill Air Force Base
Tampa, FL
Honorably Discharged
Position Held; 44R3B - Interventional/Diagnostic Radiologist, Rank O-5

04 / 2013 - 11 / 2023

Professional/Educational Leadership Role

ACGME Site Director University of South Florida (USF)

07 / 2012 – 11 /2017

Responsibilities and Duties:

- Responsible for supervising and overseeing fellow education at VA Interventional Radiology rotations.
- Responsible for quality and effectiveness of the IR fellowship training experience, focusing on clinical instruction and educational environment.
- Responsible for evaluation of Fellows and Residents milestones

Professional Employment

Chief Interventional Radiology
Program Director, Interventional Radiology Integrated and Independent Residency
Medical Director Radiology - UF Health North
University of Florida College of Medicine – Jacksonville
Jacksonville, FL 32209

05/2025 - Present

Clinical Assistant Professor
Diagnostic Interventional Radiologist
University of Florida College of Medicine – Jacksonville
Jacksonville, FL 32209

01/2024 - Present

12/2022 – 10/2023

Locums

Chief Interventional Radiology
Great Falls Hospital
Great Falls, 59405

03/2024-12/2024

Diagnostic / Interventional Radiologist
Miami Veterans Administration Healthcare System
Miami, FL 33125

07 / 2023 – 01 /2024

10 / 2018 - 04 / 2020

Diagnostic / Interventional Radiologist – Staff/Locums American Access Care/Azura of Miami Miami, FL 33156	10 / 2011 – 01/2024
Diagnostic Radiologist – Locums Premier Imaging Ventures, LLC/Radiology Regional Fort Meyers, FL 33901	07 / 2022 - 10 / 2023
<i>Interventional Radiologist (Locums Temp)</i> Essentia Healthcare System Fargo, ND 58103	12 / 2017 – 07 /2018
Chief - Interventional Radiologist Tampa Veterans Administration Healthcare System Tampa, FL 34949	07 / 2012 – 11 /2017
Interventional Radiologist Naples Community Hospital North Naples, FL	04 / 2012 - 06 / 2012
Interventional Radiologist Sarasota Memorial Hospital Sarasota, FL 34239	10 / 2011 - 04 / 2012
Interventional Radiologist Mayo Clinic Jacksonville, Florida 32224	05 / 2011 - 10 / 2011
Interventional Radiologist VA Central Iowa Healthcare System Des Moines, Iowa 50310	02 / 2011 - 04 / 2011 01 / 2010 - 03 / 2010
Interventional Radiologist St Lucie Medical Center Port Saint Lucie, FL 34952	10 / 2010 - 01 / 2011
Interventional Radiologist Cornell Weill Medical Center New York, New York	08 / 2010 - 10 / 2010
Owner, Chief Instructor Kenpo Jujitsu Martial Arts Training Center	01 / 1995 - 05 / 1998

Licensure

State of Florida: ME 107892

08/ 2010- Present

State of North Dakota: 14873

03/ 2018- Present

Honors and Awards

USAF Officer High Performance Award

2020 -2023

- Efficient Radiologist with a productivity rate in top 25% of Active Duty Peers
- Incredible teaching support for AF Phase II radiology site; trained staff/students capabilities resulting in 100% graduation rate
- Superior mentorship and Educator of peers

Committee and Administrative Services

Member of CCC Radiology Clinical Competence committee

07 / 2012 – 11 /2017

Member of VA Finance Committee

07 / 2012 – 11 /2017

Member of VA Quality Committee

07 / 2012 – 11 /2017

Research

Uncomplicated Interventional Radiology – Introduction to Image-Guided Surgery -SOBRICE

Marcio Meira, MD¹; Daniel Oliveira, MD², Rafael Freitas, MD³

Interventional Radiology Uncomplicated – Introduction of Image-guided surgery – SOBRICE (Brazilian Interventional Radiology and Endovascular Surgery)

Reference book to students and health professionals

Angioplastia e Stent (Angioplasty and Stent)

Vinicius Adami Vayego Fornazari MD, PHD¹; Renato Abu-Hana, MD², Grit Armstrong Adler, MD³

Instituto Médico RAINTER, São Paulo, Brazil.

Division of Vascular and Interventional Radiology, Department of Radiology, University of Florida, College of Medicine – Jacksonville

Tubal and Nontubal Ectopic Pregnancies in the Emergency Room: A Diagnostic Challenge: Journal of clinical Imaging sciences (pending publication) 2025

Christopher Louviere, MD¹, Alejandro Serrano, MD², Mauricio Hernandez, PhD³, Naciye Turan, MD⁴, Grit Adler, MD⁵

Poster Presentation

“Uterine Fibroid Embolization African American Women”

The Society of Interventional Radiology (SIR) 34th Annual Scientific Meeting took place in San Diego, California, from March 7th to 12th, 2009

Book Chapter

“Successful pregnancy after enhanced uterine myometrial vascularity uterine artery embolization”

Vinicius Adami Vayego Fornazari MD,PHD¹; Brendan J Carney, MD²; Gustavo Henrique Vieira Andrade, PhD²; Gloria Maria Salazar, MD³; Renato Abu-Hana, MD⁴; Dherraj R. Goppireddy, MD⁴; Grit Armstrong Adler, MD⁴.

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Financial disclosure: The authors have no financial relationships relevant to this article to disclose.

Conflict of interest: The authors have no conflicts of interest to disclose.

Exhibit “2”

**Evidence of
Dr. Adami Vayego
Fornazari’s Authorship of
Scholarly Books or
Articles (in Scholarly
Journals with
International Circulation)
in the Academic Field**

Peer-Reviewed Publications and Book Chapters



Ultrasound-guided Transperineal Prostate Thermal Ablation (TPTA) for Benign Prostatic Hyperplasia: Feasibility of an Outpatient Procedure using Radiofrequency Ablation

Thiago Franchi Nunes^{1,2,3} · Rafael Dahmer Rocha⁴ · Bibiana Ruiz Wehling Ilgenfritz⁵ · Flávio Scavone Stefanini² · Vinicius Adami Vayego Fornazari⁶ · Guilherme Cayres Mariotti⁷ · Publio Cesar Cavalcante Viana⁸ · Rodrigo Gobbo Garcia⁷ · Hugo Alexandre Socrates de Castro¹ · Denis Szejnfeld¹

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Abstract

Purpose To evaluate the feasibility, safety, and short-term (3-month) results of transperineal prostate thermal ablation (TPTA) as a minimally invasive outpatient treatment for benign prostatic hyperplasia (BPH).

Materials and methods A prospective nonrandomized study of 25 patients with lower urinary tract symptoms secondary to BPH seeking care at 2 interventional radiology centers between March and July 2024. TPTA was performed using a 17G radiofrequency needle with a 10-mm active tip under unconscious sedation combined with bilateral perineal and periprostatic nerve blocks. The

primary outcome measure was technical success, defined as successful bilateral ablation of the prostate transition zone. Secondary outcome measures included changes of international prostate symptom score (IPSS), quality of life (QoL), prostate volume, intravesical prostatic protrusion (IPP), prostate-specific antigen (PSA), post-void residual volume (PVR), maximum urinary flow rate (Qmax), and need for BPH medical therapy at 3 months relative to baseline.

Results All procedures were technically successful (100%). The median patient age was 69.4 years (IQR 54–74), and all were discharged within 3 h of the end of the procedure. Sixteen patients (64.0%) were discharged without a urinary catheter, and 6 patients (24.0%) reported mild complications. At 3-month follow-up, there were significant reductions in IPSS (79.1%), QoL score (70.3%), prostate volume (36.9%), IPP (70.8%), PSA (54.7%), and PVR (51.1%), whereas Qmax increased significantly (102.3%). Twenty-four patients (96.0%) reported discontinuation of medical therapy after TPTA.

Conclusion Ultrasound-guided TPTA using radiofrequency ablation is feasible and safe in the outpatient setting, with significant clinical improvements after 3 months of the procedure.

Level of Evidence Level 3 [non-randomized prospective cohort study].

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Versatility of Percutaneous Interventional Radiology Gastrostomy: Why Not the First Option!

Vinicius Adami Vayego Fornazari¹ · Publio Cesar Cavalcanti Viana² ·
Thiago Franchi Nunes³ · Gustavo Henrique Vieira Andrade⁴

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Introduction

Gastrostomy means alternative access for support in patients with prolonged periods of swallowing disorders become clearer. Gastrostomy access can be performed by surgery, endoscopy or percutaneous interventional radiology (IR) [1, 2]. Surgical gastrostomy has the highest rate of complications when compared to endoscopic or percutaneous IR approaches [1].

Percutaneous IR gastrostomy (PIRG) is usually indicated when percutaneous endoscopy gastrostomy (PEG) is contra-indicated (head and neck cancer, with esophageal obstruction, sedation in neurodegenerative diseases), or it is failed, either due to difficulty in transillumination, interposition of colon loops or endoscopist insecurity [1–3]. Despite scarcity of randomized PIRG studies, the literature shows evidence of higher success rates with similar mortality [4]. The appropriate combination of multimodal image guidance (fluoroscopy, computed

tomography and ultrasound) combined with technical improvement and interventional devices variety has improved PIRG performance [1–3]. Abdominal ultrasound in B-mode and Doppler has been a crucial ally for enabling anatomical discrimination, avoiding inadvertent punctures of the gastroepiploic and epigastric arteries [1–4].

Partial gastrectomy is a challenge for any gastrostomy technique. Chihiro Itou et al. retrospectively evaluated 15 patients with partial gastrectomy who required PIRG; seven patients underwent conventional technique while the other seven underwent modified PIRG with no gastropexy. When the stomach was sufficiently inflated to distend below the left anterior surface of subcostal margin, PIRG with gastropexy was conventionally performed by the Seldinger technique. When the stomach was still highly positioned and/or overlapped by the other organs, some adjunctive maneuvers, such as hydrodisplacement, balloon support or oblique head puncture or left intercostal puncture, were used as a modified gastrostomy, from the combination of imaging methods [1, 2]. The technical success rate was 100% (7/7) in the conventional group and 85.7% (6/7) in the modified group. Although one patient transhepatic access did not work on modified group, no major complications occurred in any patient during average follow-up of 108 days [1].

This article brings to light the full power of modern interventional radiology, which combines distinct techniques, minimally invasive devices and the multimodal approach guided by radiological imaging, since the introduction of the percutaneous technique in 1980 [1–6].

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Challenges of Interventional Radiology in Brazil!

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In the last decades, synergy between technical improvement and the unbridled technological growth of devices and equipment, has elevated interventional radiology (IR) to the status of a specialty [1], crossing the frontier of several traditional medical specialties, unprecedented in the ability to provide diagnoses. More accurate and therapies under superselective cannulas and catheters thus make it essential in the clinical practice of tertiary hospitals [2, 3]. For these reasons, we believe that IR will soon be recognized as the most recent breakthrough in modern medicine.

Not only in Brazil, but all over the world, biggest challenges have been: the consolidation of techniques in relation to other medical specialties, to the population and to health regulatory authorities. Brazilian Medical Association (AMB) is responsible for the accreditation of specialties, which each have their representative society. The Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE) is the Brazilian entity that brings together, guides and represents the medical profession that works in the areas of IR and endovascular surgery.

For the consolidation and recognition of IR in the face of other specialties, SOBRICE has fostered numerous multidisciplinary discussion forums, whether online or in person, at its annual congress or even with the participation of its members in events of other medical societies. In order to reach the population's knowledge, various

informative audiovisual materials have been disseminated from social and television media, in addition to social projects.

Until the year of 2018, any specialist (general surgeon, cardiologist, urologist) who could prove experience or additional training in IR, could take the SOBRICE test and, if approved, obtain the SOBRICE BOARD. However, from the year 2018, similar to other initiatives in the world [4], SOBRICE has developed as a quality standard a training program, called the competence matrix, which contains mandatory requirements for the training of a specialist doctor, and which includes the need for an adequate hospital structure, programmatic, scientific content, in full time of 2 years. As a mandatory prerequisite, the doctor must already be a specialist in radiology (3 years of training), vascular surgery (4 years of training), neurology (3 years of training) or neurosurgery (5 years of training). Thereby, from 2018, SOBRICE has 13 accredited medical training centers and only these can train an interventional radiologist, who will still undergo an eliminatory examination. Only after passing through this step, the doctor will be able to receive his board certification certified by SOBRICE/AMB.

In Brazil, physicians can only perform procedures authorized by National Health Agency (ANS) and use equipment authorized by the National Agency for Sanitary Surveillance (ANVISA), similar to the Food and Drug Administration (FDA) and European Community Registry (CE) [5]. SOBRICE has carried out a task force with these regulatory bodies, ANS and ANVISA, for the approval of new technologies and devices.

Although numerous administrative and bureaucratic challenges, we have observed a dissemination of the specialty in the 8,516,000 KM² of Brazilian territory.

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Long-term results of oversized balloon dilation for benign anastomotic biliary strictures: initial two-center experience

Resultados em longo prazo da dilatação por balão superdimensionado para estenoses biliares anastomóticas benignas: experiência inicial de dois centros

Thiago Franchi Nunes^{1,a}, Riccardo Inchingolo^{2,b}, Reinaldo Moraes Neto^{1,c}, Tiago Kojun Tibana^{1,d}, Vinicius Adami Vayego Fornazari^{3,e}, Joaquim Maurício da Motta-Leal-Filho^{4,f}, Stavros Spiliopoulos^{5,g}

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Nunes TF, Inchingolo R, Moraes Neto R, Tibana TK, Fornazari VAV, Motta-Leal-Filho JM, Spiliopoulos S. Long-term results of oversized balloon dilation for benign anastomotic biliary strictures: initial two-center experience. Radiol Bras. 2022 Mar/Abr;55(2):90-96.

Abstract Objective: To describe, assess the feasibility of, and quantify the long-term patency achieved with percutaneous transhepatic biliary dilation using the anastomotic biliary stricture (ABS) oversized balloon dilation technique as a single-step procedure for the treatment of benign anastomotic biliary strictures following hepatobiliary surgery.

Materials and Methods: This was a retrospective, two-center study including 16 consecutive cases of symptomatic benign biliary-enteric strictures. After assessment of the diameter of the bile duct by computed tomography or magnetic resonance imaging, the strictures were dilated with oversized balloons (40–50% larger than the bile duct diameter) and an external biliary-enteric drain was placed. After drain removal, clinical symptoms and laboratory test results were evaluated every three months, whereas follow-up magnetic resonance imaging was performed at 30 days out and follow-up computed tomography was performed at 6 and 12 months out.

Results: The mean follow-up time was 31.8 ± 8.15 months. Kaplan-Meier-estimated 1-, 2-, and 3-year patency rates were 88.2%, 82.4%, and 82.4%, respectively. There was one major complication—a small dehiscence of the anastomosis—which extended the catheter dwell time. Minor complications occurred in two cases—one small perihepatic hematoma and one segmental thrombosis of the left portal branch—neither of which required further intervention.

Conclusion: The single-step ABS oversized balloon dilation technique is a feasible treatment for benign anastomotic biliary-enteric strictures. The technique appears to be associated with high rates of long-term clinical success and patency.

Keywords: Anastomosis, surgical/adverse effects; Dilatation/methods; Bile ducts/physiopathology; Constriction, pathologic/etiology; Magnetic resonance imaging; Tomography, X-ray computed.

Resumo Objetivo: Descrever o procedimento, avaliar a viabilidade e perviabilidade em longo prazo da dilatação biliar trans-hepática percutânea usando a técnica de dilatação por balão superdimensionado para o tratamento em uma única etapa de estenose biliar anastomótica benigna após cirurgia hepatobiliar.

Materiais e Métodos: Este estudo retrospectivo de dois centros incluiu 16 casos consecutivos de estenoses bilioentéricas benignas sintomáticas. A dilatação das estenoses com superdimensionamento do balão de 40–50% foi realizada após avaliação pré-procedimento do diâmetro do ducto biliar por tomografia computadorizada ou ressonância magnética e um dreno externo foi colocado. Os sintomas clínicos e exames laboratoriais foram avaliados a cada três meses após a remoção do dreno, enquanto o acompanhamento radiológico foi realizado com ressonância magnética em 30 dias e tomografia computadorizada em 6 e 12 meses.

Resultados: O tempo médio de seguimento foi de $31,8 \pm 8,15$ meses. As estimativas de perviabilidade em um, dois e três anos foram 88,2%, 82,4% e 82,4%; respectivamente. Houve uma complicação importante, com pequena deiscência da anastomose biliodigestiva, que exigiu prolongamento do tempo de permanência do dreno externo. Complicações menores ocorreram em dois casos, um pequeno hematoma peri-hepático e uma trombose segmentar do ramo portal esquerdo e nenhum deles necessitou de intervenção adicional.

Conclusão: A técnica de dilatação com balão superdimensionado para o tratamento de estenoses biliares anastomóticas benignas

Endovascular treatment of abdominal aortic rupture after percutaneous lithotripsy

Tratamento endovascular de ruptura de aorta abdominal pós-litotripsia percutânea

Vinicius Adami Vayego Fornazari^{1,a}, Rômulo Florêncio Tristão Santos^{2,b}, Thiago Franchi Nunes^{2,c}, Ricardo Abdala da Silva Oliveira^{3,d}, Denis Szejnfeld^{1,e}

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How to cite this article:

Fornazari VAV, Tristão Santos RF, Nunes TF, Oliveira RAS, Szejnfeld D. Endovascular treatment of abdominal aortic rupture after percutaneous lithotripsy. Radiol Bras. 2021 Mar/Abr;54(2):136–137.

INTRODUCTION

Extracorporeal shockwave lithotripsy (ESWL) is a type of urological intervention used for the treatment of stones smaller than 2 cm located in the renal pelvis or upper portion of the ureter^(1–4). Potential complications of this procedure include subcapsular renal hematoma, pseudoaneurysm, arteriovenous fistula, abscess formation in the psoas muscle, thrombosis of the portal or iliac vein, and—the most disastrous and potentially fatal complication—abdominal aortic aneurysm (AAA) rupture^(1,2).

Studies have shown that AAA is a potential risk factor for ESWL-induced arterial rupture^(1,2), because of calcifications of the arterial walls resulting from atherosclerotic disease, given that the mechanical energy of the shockwaves can disperse up to 12 cm from the focal point; although the intensity of the waves decreases progressively as the distance from the target increases, they can still have a deleterious effect on parietal calcifications⁽⁴⁾. Despite the scarcity of studies on this topic, we believe that advanced age and short distances between vascular parietal calcifications and renal pelvis calculi may be risk factors for AAA rupture during ESWL.

There is not sufficient scientific evidence to define the safety of ESWL in patients with AAA, a controversial subject in the literature^(1–6). In a review of the literature, Tse et al.⁽⁴⁾ discovered that, among the reported cases of patients with AAA who underwent ESWL, there were no vascular complications in 18, rupture of the AAA occurred in 6, and aortic rupture in a nonaneurysmal calcified aorta occurred in 2. In the present article, we will demonstrate the endovascular correction of abdominal aorta rupture in a patient submitted to ESWL.

PROCEDURE

Symptoms of AAA rupture may include severe low back pain, general malaise, nausea, vomiting, dizziness,

and blurred vision. Physical examination may show pallor, hypotension, tachycardia, and a pulsatile abdominal mass. In cases of hemodynamic instability, the patient must first be stabilized, and, when possible, should undergo computed tomography (CT) angiography of the abdomen, which is the imaging modality of choice for the diagnosis and planning of endovascular treatment. Rupture of an AAA is more likely to occur in the retroperitoneal space than in the peritoneal cavity, mortality rates being higher if it occurs in the latter⁽⁴⁾.

When diagnosing AAA rupture by CT angiography (Figures 1 and 2), clinical patient stabilization measures must be taken together and despite a rapid endovascular approach, CT angiography has greater therapeutic potential than does conventional surgery because the former

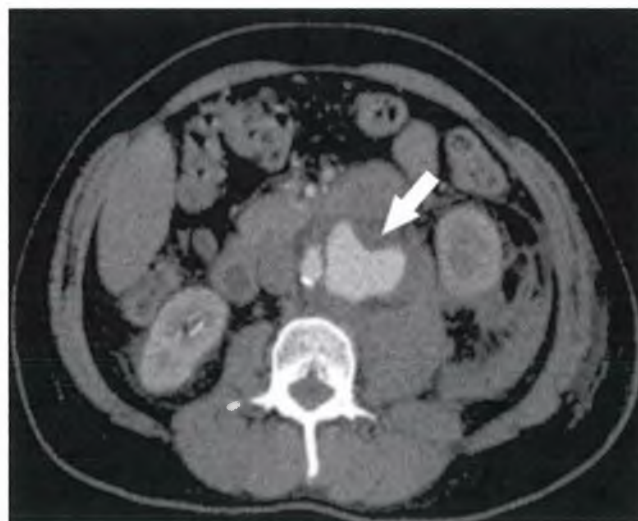


Figure 1. Axial CT angiography of the abdomen with iodinated contrast, in the arterial phase, showing a pseudoaneurysm to the left of the infrarenal abdominal aorta, with retroperitoneal extravasation due to restriction to the psoas muscle group (arrow).



Extracellular matrix metalloproteinase expression in endometrial tissue after arterial embolization of myomas

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OBJECTIVES: Arterial embolization of myomas (AEM) is controversial because of the changes that occur in the extracellular matrix (ECM) of the endometrium and its effect on gestational success in infertile patients desiring reproductive capability. Therefore, we performed this study on the expression of genes in the ECM of the endometrium, such as those coding metalloproteinases (MMP), before and 6 months after embolization of the uterine arteries.

METHODS: Seven women with leiomyomas were evaluated, and MMP3 and MMP10 levels were measured. The women underwent pelvic nuclear magnetic resonance (NMR), examination, and endometrial biopsy between the 20th and 24th day of the menstrual cycle, and pre- and post-AEM (after 6 months). For data analysis, the Cq comparative method, also known as the 2- $\Delta\Delta$ CT method, was used to calculate the relative quantities of *MMP* gene expression among the samples collected.

RESULTS: There was a significant decrease by 9.52 times in the expression of *MMP3* ($p=0.007$), and a non-significant change in the expression of *MMP10* ($p=0.22$) in post-AEM-treated women than pre-AEM-treated women.

CONCLUSIONS: The results suggest that ECM continues to undergo tissue remodeling 6 months after AEM, at least with regard to *MMP3* expression, suggesting that AEM affects the ECM for at least 6 months after the procedure.

KEYWORDS: Leiomyoma; Extracellular Matrix; Matrix Metalloproteinase; Arterial Embolization of Myomas.

INTRODUCTION

Uterine leiomyomas are benign smooth muscle tumors that develop from myometrial cells by an increase in extracellular matrix (ECM) components such as fibronectin, proteoglycans, and collagen. It is the most frequent pelvic tumor, and its incidence (5–80%) depends on the population studied and the diagnostic method used. A study using transvaginal ultrasound in a population of women aged 25–40 years found an incidence of 3.3% among women aged 25–32 years and 7.8% between 33–40 years, demonstrating the influence of age on the prevalence of uterine leiomyoma (1). At approximately 50 years of age, there is a cumulative

incidence of 70–80% (2,3). However, the high incidence in some studies may be related to the selected population, especially patients over 40 years old, although many are asymptomatic (4,5). According to the Ministry of Health's Computerized Hospitalization System, 107,293 hysterectomies were performed in Brazil between November 2016 and December 2017, of which 58.2% were due to uterine leiomyomas (6).

The hormones estrogen and progesterone seem to be the main promoters for the development of leiomyoma. These hormones act directly on receptors and indirectly affect the expression of growth hormones and apoptosis factors. Ultrasonography is the diagnostic method of choice because of its high accuracy, high sensitivity (95–100%), and low cost (5). Hysteroscopy, hysterosonography, hysterosalpingography, computed tomography, and nuclear magnetic resonance (NMR) can be used as complementary techniques. However, these methods are limited to specific cases, for example, when it is not possible to delimit large-volume nodules. In these cases, NMR is more accurate for pre-surgical evaluation (5).

Arterial embolization of myomas (AEM) has been used since the late 1970s, with the first publication on treatment of uterine

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Percutaneous transhepatic placement of plastic biliary stents: technical description and preliminary results

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Abstract

Purpose To describe a novel technique of percutaneous transhepatic (PTH) placement of a plastic biliary stent (PBS), report the feasibility and safety of the technique, and present the preliminary results of a pilot study that included 32 patients with symptomatic obstructive jaundice (SOJ) treated with the technique.

Materials and methods This was a prospective, single-arm, single-center, pilot study of a cohort of patients with the diagnosis of benign or malignant obstructive jaundice that underwent PTH placement of a PBS to relieve the obstruction.

Results Thirty-two patients were included, 16 men and 16 women (age range, 35–88 years). There were 26 malignant and six benign lesions. Cholangiocarcinoma was the most common tumor ($n=13$, 40.6%), followed by pancreatic adenocarcinoma ($n=6$, 18.75%) and metastasis ($n=5$, 15.6%). A total of 35 PBSs were placed in 32 procedures. The bile duct was accessed and drained to the right side in 18 cases, to the left side in 14 cases, and bilaterally in three cases. Technical success was achieved in 100% and clinical success in 93.7% of cases. Using a modified Bismuth-Cortelle classification system, type I was observed in nine patients, type II in nine patients, type III in six patients, and type IV in eight patients. The mean follow-up was 426.1 days for the total sample, and 349.4 days for patients with malignancy. Two complications were observed: transient hemobilia and cholangitis.

Conclusion PTH placement of a PBS in patients with SOJ is feasible, safe, and effective.

Keywords Obstructive jaundice · Biliary obstruction · Percutaneous drainage · Biliary stent · Radiology · Interventional radiology

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Introduction

Endoscopic retrograde cholangiopancreatography (ERCP) with transpapillary stenting is considered the gold standard for biliary decompression in patients with symptomatic

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Hemorrhagic complications after percutaneous nephrolithotomy: angiographic diagnosis and management by transcatheter arterial embolization

Complicações hemorrágicas após nefrolitotripsia percutânea: diagnóstico angiográfico e tratamento por embolização arterial transcatheter

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Abstract Objective: To identify the main hemorrhagic complications after percutaneous nephrolithotomy, as well as the results obtained with transcatheter arterial embolization (TAE) at an interventional radiology center.

Materials and Methods: This was a retrospective analysis of patients undergoing TAE for the treatment of hemorrhagic complications after percutaneous nephrolithotomy. All patients underwent computed tomography angiography (CTA).

Results: We evaluated a total of nine patients. At emergency department readmission, the most common symptom was macroscopic hematuria, which was seen in five patients. Three patients had an isolated pseudoaneurysm, two had a pseudoaneurysm together with active bleeding (perirenal hematoma), and one had a pseudoaneurysm together with arteriovenous fistula. Arteriovenous fistula was diagnosed in three patients and was not seen in combination with other vascular lesions. We did not identify arteriovenous fistula in isolation. Five patients underwent TAE with 6 × 15 mm and 6 × 20 mm microcoils. Four patients underwent TAE with n-butyl-2-cyanoacrylate and ethiodized oil. Follow-up CTAs revealed no complications.

Conclusion: Because of its high diagnostic accuracy, CTA provides the interventional radiologist with valuable data for individualized therapeutic planning. The TAE procedure is safe and effective. It can therefore be used as a first-line treatment for hemorrhagic complications resulting from percutaneous renal procedures.

Keywords: Nephrolithotomy, percutaneous; Aneurysm, false; Arteriovenous fistula; Embolization, therapeutic/methods; Radiology, interventional; Computed tomography angiography.

Resumo Objetivo: Demonstrar as principais complicações hemorrágicas após nefrolitotripsia percutânea, bem como os resultados após o tratamento por embolização arterial transcatheter (EAT) em um centro de radiologia intervencionista.

Materiais e Métodos: Coleta e análise de dados retrospectivos de pacientes submetidos a EAT por complicações hemorrágicas após nefrolitotripsia percutânea.

Resultados: O sintoma mais comum foi hematuria macroscópica, presente em cinco pacientes no momento da readmissão ao pronto-socorro, e nestes pacientes identificamos três pseudoaneurismas isolados, dois casos de combinação de pseudoaneurisma e sangramento ativo (hematoma perirrenal) e um caso de associação de pseudoaneurisma e fístula arterioalcalinal. Fístula arteriovenosa foi diagnosticada em três pacientes, não sendo observada em associação com outras lesões vasculares. Não identificamos fístula arterioalcalinal isolada, somente associada a pseudoaneurisma. Cinco pacientes foram submetidos a embolização por microcolas 6 × 15 mm e 6 × 20 mm. Quatro pacientes foram submetidos a embolização por Histoacryl e Lipiodol. Não observamos complicações pela angiogramia computadorizada de controle.

Conclusão: A angiogramia computadorizada apresenta alta acurácia diagnóstica e garante o radiologista intervencionista de dados para um planejamento terapêutico individualizado. EAT é um procedimento seguro e eficaz e pode ser utilizado como primeira linha para o tratamento de complicações hemorrágicas resultantes de procedimentos percutâneos renais.

Unitermos: Nefrolitotomia percutânea; Falso aneurisma; Fístula arteriovenosa; Embolização terapêutica; Radiologia intervencionista; Angiografia por tomografia computadorizada.

Percutaneous access for the diagnosis of urothelial neoplasms: pictorial essay with anatomopathological correlation

Acesso percutâneo no diagnóstico de neoplasias uroteliais: ensaio iconográfico com correlação anatomopatológica

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Abstract Urothelial carcinoma is a rare malignant neoplasm, accounting for only 5% to 7% of kidney tumors and 5% of urothelial tumors. During the management of urothelial carcinoma, anatomopathological evaluation is used for stratifying the tumors into different prognostic groups to aid in the evaluation of treatment results and to optimize the management of patients. Percutaneous image-guided biopsy is a safe and feasible procedure, with high sensitivity and accuracy rates. Although image-guided percutaneous biopsy of the urinary tract is a relatively uncommon procedure, it can be considered an option in selected cases or when traditional methods, such as the ureteroscopic technique, are not possible.

Keywords: Percutaneous access; Urinary tract; Malignancy.

Resumo O carcinoma urotelial é uma neoplasia maligna rara, responsável por apenas 5% a 7% dos tumores renais e 5% dos tumores uroteliais. No manejo do carcinoma urotelial, a determinação anatomopatológica tem por objetivo estratificar os tumores em diferentes grupos prognósticos, para permitir avaliar resultados do tratamento e otimizar o gerenciamento dos pacientes. Biópsia percutânea guiada por imagem é um procedimento seguro e tecnicamente viável, com alta sensibilidade e taxa de precisão. Apesar de as biópsias percutâneas guiadas por imagem do trato urinário serem um procedimento relativamente incomum, podem ser consideradas como opção em casos selecionados ou quando os métodos tradicionais, como o a técnica ureteroscópica, não são possíveis.

Unitermos: Acesso percutâneo; Trato urinário; Malignidade.

INTRODUCTION

Urothelial carcinoma is a rare malignant neoplasm, accounting for only 5% to 7% of kidney tumors and 5% of urothelial tumors. Although radical surgery is the gold standard treatment for patients with urothelial carcinoma, endoscopic advances have resulted in favorable outcomes after treatment and renal preservation in selected cases, even in patients with a normal contralateral kidney^(1,2). As the careful selection of patients for treatment is crucial, obtaining a satisfactory sample for diagnosis is an essential step in determining the treatment and prognosis of patients with urothelial carcinoma⁽³⁾.

Biopsy is an integral component for the evaluation of potentially malignant lesions of the ureter and other malignancies of the upper urinary tract. When indicated, biopsy is usually performed via ureteroscopy. However, ureteroscopic biopsy may not be possible in patients with high-risk comorbidities, as it is invasive and requires general

anesthesia and the insertion of ureteral catheters. Thus, although ureteroscopy remains the gold standard, it can be technically challenging and is associated with significant rates of false-negative results, depending on the morphological characteristics of the lesion⁽⁴⁾. Several image-guided interventional techniques have been evaluated in Brazilian radiology studies^(5–9).

Percutaneous biopsy can be performed in selected cases when the target segment of the ureter or renal pelvis cannot be accessed via ureteroscopy, is predominantly exophytic and non-endoluminal, or showed inconclusive results in previous samples.

ULTRASOUND-GUIDED BIOPSY (TRANSABDOMINAL AND ENDOCAVITARY)

Ultrasound appears to have several advantages as a guidance method. It is commonly available and does not involve ionizing radiation, and the device is portable and

ORIGINAL ARTICLE

Open Access

Impact of uterine contractility on quality of life of women undergoing uterine fibroid embolization



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Abstract

Background: Although changes in uterine contractility pattern after uterine fibroid embolization (UFE) has already been assessed by cine magnetic resonance imaging (MRI), their impact on quality of life outcomes has not been evaluated. The purpose of this study was to evaluate the impact of uterine contractility on the quality of life of women undergoing UFE measured by the Uterine Fibroid Symptom and Quality of Life questionnaire (UFS-QOL).

Results: A total of 26 patients were included. MRI scans were acquired 30–7 days before and 6 months after UFE for all patients. The UFS-QOL was applied in person on first MRI exam day and 1 year after UFE and the outcomes were analyzed according to the groups of evolution pattern of uterine contractility: Group A: Unchanged Uterine Contractility Pattern, 38%; Group B: Favorable Modified Uterine Contractility Pattern, 50%; and Group C: Loss of Uterine Contractility, 11%. All UFE patients presented a reduction in the mean score for symptoms and increase in mean scores on quality of life. All patients in this cohort presented a reduction in mean symptom score and increase in the mean score of quality of life subscales. Group A had more relevant complaints regarding their sense of self-confidence; Group B presented worse sexual function scores before UFE, which improved after UFE compared to Group A.

Conclusions: Significant improvement in symptoms, quality of life, and uterine contractility was observed after UFE in women of reproductive age with symptomatic fibroids. Functional uterine contractility seems to have a positive impact on quality of life and sexual function in this population.

Level of evidence: Level 3, Non-randomized controlled cohort/follow-up study.

Keywords: Uterine fibroid, Leiomyoma, Dynamic MRI, Uterine peristalsis, Infertility, Quality of life, Validation studies, Questionnaire

Background

Symptomatic uterine leiomyoma is highly prevalent in reproductive women (Vollenhoven et al. 1990; Peregrino et al. 2017; Mas et al. 2017), with a significant impact on quality of life, affecting physical and psychological well-being (Spies et al. 2002). A validated quality of life questionnaire was developed to specifically assess patients with symptomatic fibroids (Uterine Fibroid UFS-Qol)

and it has been widely used to evaluate changes post-fibroid treatments in several trials (Spies et al. 2002; Williams et al. 2006; Harding et al. 2008; Oliveira Brito et al. 2017; Silva et al. 2016; Beaton et al. 2000). Uterine fibroid embolization (UFE) is recognized as a Level A treatment option for the management of leiomyomas in carefully selected patients, but its use for reproductive-age women with fibroids is still controversial (Mas et al. 2017). Moreover, the impact of fibroids in infertility is not yet clear. Most patients who are willing to become pregnant choose to undergo myomectomy, yet studies have demonstrated successful pregnancies post-UFE (Pisco et al. 2017; Mohan et al. 2013). One of the

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What the radiologist should know about the role of interventional radiology in urology

O que o radiologista deve saber sobre o papel da radiologia intervencionista em urologia

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Abstract Interventional radiology has been constantly developing in terms of the techniques, materials, and methods of intervention. It interacts with all areas of medicine, always with the ultimate goal of ensuring the well-being of patients. Advances in imaging techniques, especially in the last two decades, have led to a paradigm shift in the field of urological imaging interventions. Many urologic diseases that were previously treated only surgically can now be effectively managed using minimally invasive image-guided techniques, often with shorter hospital stays and requiring only local anesthesia or conscious sedation.

Keywords: Radiology, interventional; Urology; Fluoroscopy; Tomography, X-ray computed; Ultrasonography; Magnetic resonance imaging.

Resumo A radiologia intervencionista vem se desenvolvendo constantemente por meio de técnicas, materiais e métodos de intervenção. Interage com todas as áreas da medicina, sempre visando, como objetivo final, o bem-estar dos pacientes. Os avanços das técnicas de imagem, especialmente nas últimas duas décadas, levaram a uma mudança de paradigma no campo das intervenções guiadas por imagens na urologia. Muitas doenças urológicas que eram tratadas somente cirurgicamente, podem agora ser manejadas efetivamente usando técnicas minimamente invasivas guiadas por imagem, muitas vezes com redução do tempo de internação e utilizando apenas anestesia local ou sedação consciente.

Unitermos: Radiologia intervencionista; Urologia; Fluoroscopia; Tomografia computadorizada; Ultrassonografia; Ressonância magnética.

INTRODUCTION

Image-guided interventions performed by interventional radiologists have changed the management of various abdominal conditions, urologic conditions in particular⁽¹⁻⁵⁾. The number of potential applications of such interventions is growing because of their minimally invasive nature, the minimal morbidity associated with the procedures, and the fact that their use can shorten hospital stays. Some traditional diagnostic procedures have evolved to become state-of-the-art therapeutic techniques, which include a wide range of vascular and nonvascular applications. Interventional radiology techniques continue to play an important role in drainage procedures, urolithiasis management, dilatation of the renal pelvis, tumor ablation, and the treatment of renovascular diseases. Multiple imaging modalities are used for these purposes, primarily fluoroscopy, ultrasonography, computed tomography, magnetic resonance imaging, and digital subtraction angiography. It

is important that a close multidisciplinary collaboration be maintained among urologists, nephrologists, and interventional radiologists⁽⁶⁾. This pictorial essay examines various aspects of interventional urology.

OBSTRUCTIVE UROPATHY

Interruption of the normal flow of urine is one of the most common causes of acute and chronic renal failure (Figure 1), requiring the use a procedure that has the objective of restoring physiological urine flow. Drainage of the urinary tract can be accomplished by a number of techniques and devices, including retrograde or antegrade percutaneous insertion of the double J catheter (JJ stenting), percutaneous nephrostomy, and, more recently, the use of ureteral prostheses. Percutaneous JJ stenting restores physiological urinary drainage without the need for an external catheter (Figure 2). Although it has a high success rate, the techniques involved have not been widely disseminated⁽⁷⁾.

Percutaneous cholangioscopy for the treatment of choledocholithiasis

Técnica colangioscópica para tratamento percutâneo de litíase biliar intra-hepática

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INTRODUCTION

Most cases of choledocholithiasis require some type of surgical treatment. Laparoscopy, endoscopic retrograde cholangiopancreatography, transhepatic cholangiography, and open surgery are the most widely used treatment methods⁽¹⁾. The choice will depend on the clinical status of the patient, as well as on morphological characteristics and location of the stones.

Approximately 90% of gallstones are treated with endoscopic retrograde cholangiopancreatography⁽²⁾. However, when that technique fails—because of factors such as the stones being large or in an atypical location; anatomical abnormalities of the hepatopancreatic ampulla; duodenal diverticulum; sequelae of liver transplantation; and a history of gastric surgery requiring Roux-en-Y gastric shunting—other modalities should be used⁽³⁾.

As endoscopic materials improved, percutaneous lithotripsy and ureteroscopy appeared as good options for the treatment of renal and ureteral calculi, respectively. In line with this evolution and the improvements in the technical skills of surgeons and interventional radiologists, a multidisciplinary approach to patient care allowed these modalities to be more widely used and applied in different situations, such as in cases of choledocholithiasis⁽¹⁾. Recent technological developments have led to the appearance of small-caliber, flexible devices and new energy sources for the fragmentation of stones, which, combined with expertise in urological endoscopy and interventional radiology, represent promising options for solving complex gallstone cases or for replacing conventional techniques when these fail or cannot be performed⁽⁴⁻⁸⁾.

Although urological endoscopy techniques can be used for the treatment of bile duct stones, their indications have yet to be well established^(9,10). Here, we describe an interventional radiology procedure performed

with a flexible ureteroscope and a Holmium:YAG laser for the removal of complex gallstones (Figure 1).

PROCEDURE

The procedure starts with fluoroscopy-guided puncture of the (right or left) bile duct based on previous imaging tests. Cholangiography with right anterior oblique projection is then performed for better planning of the procedure.

Direct visualization of the stone is provided by a 7.5F flexible fiberoptic endoscope, introduced through a 10F × 35 cm sheath. A 0.9% sodium chloride solution at a pressure of 200 mmHg is used for continuous irrigation. The fragmentation of the gallstones is performed with a 200 µm fiber laser, at 0.6–1.0 J/pulse and a frequency of 6–10 Hz. Stone fragments are cast into the duodenum or removed with a nitinol basket. At the end of the procedure, a control cholangiography is performed to confirm there are no intrahepatic gallstone fragments remaining.

At our center, an external biliary drainage tube is put in place and patients are discharged within 48 h. After 60 days, the drainage tube is replaced with a larger one (the 10F tube is replaced with a 12F tube and, later, with a 14F tube). After 6–9 months, if there are no stones remaining, the tubes are finally removed.

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Percutaneous nephrostomy versus antegrade double-J stent placement in the treatment of malignant obstructive uropathy: a cost-effectiveness analysis from the perspective of the Brazilian public health care system

Nefrostomia percutânea versus implantação de stent duplo-J anterógrado no tratamento da uropatia obstrutiva maligna: uma análise de custo-efetividade na perspectiva do serviço público de saúde brasileiro

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Abstract Objective: To compare two percutaneous techniques used in the treatment of malignant obstructive uropathy—antegrade double-J stent placement (JJ stenting) and percutaneous nephrostomy—in terms of their cost-effectiveness, from the perspective of the Brazilian public health care system.

Materials and Methods: In this cost-effectiveness analysis, we employed decision-analytic modeling. We calculated material costs from 2017 factory prices listed by the Brazilian Pharmaceutical Market Regulatory Board (for medications) and published in the journal *Revista Simpro* (for medical devices). Procedure-related costs were evaluated, as were the rates of technical and clinical success. Those measures were then used as inputs for a cost-effectiveness analysis comparing the two procedures.

Results: The sample comprised 41 patients, of whom 16 underwent antegrade JJ stenting (26 procedures) and 10 underwent percutaneous nephrostomy (15 procedures). Patient records, radiology reports, and expense reports of the interventional radiology department of the public hospital where the study was conducted were analyzed retrospectively. There were no significant complications: one patient had low back pain, and one had a transient retroperitoneal hematoma. The mean procedure time was 24 min, and clinical success (improvement in serum creatinine and resolution of hydronephrosis) was achieved in 97.5% of the cases. The average cost of JJ stenting was significantly lower than was that of percutaneous nephrostomy (US\$164.10 vs. US\$552.20).

Conclusion: In the absence of any clinical contraindications, antegrade JJ stenting is a suitable alternative to both percutaneous nephrostomy and retrograde stenting in patients with dilated renal collecting systems secondary to malignant ureteral obstruction, providing significant cost savings and high success rates.

Keywords: Cost-benefit analysis; Radiology, interventional; Nephrostomy, percutaneous; Stents.

Resumo Objetivo: Comparar a relação custo-efetividade de duas técnicas percutâneas utilizadas no tratamento da uropatia obstrutiva maligna – inserção anterógrada de cateter duplo J (JJ) versus nefrostomia percutânea – sob a perspectiva do sistema de saúde pública brasileira.

Materiais e Métodos: Nesta análise de custo-efetividade por modelo analítico de decisão, os custos de material foram calculados a partir dos preços de fábrica de 2017 listados pela Câmara Brasileira de Regulamentação de Medicamentos (para medicamentos) e publicados na *Revista Simpro* (para dispositivos médicos). Custos relacionados ao procedimento e taxas de sucesso técnico e clínico foram avaliados. Essas medidas foram então usadas como insumos para uma análise de custo-efetividade comparando os dois procedimentos.

Resultados: A amostra foi composta de 41 pacientes, dos quais 16 foram submetidos a 26 procedimentos de inserção anterógrada de JJ e 10 foram submetidos a 15 nefrostomias percutâneas. Registros de pacientes, relatórios de radiologia e relatórios de despesas do serviço de radiologia intervencionista do hospital onde o estudo foi conduzido foram analisados retrospectivamente.



A Study of Radiation Doses to the Patient and Medical Team at Embolization Procedures

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ABSTRACT

Background: This study aimed to estimate occupational doses and patient peak skin doses (PSDs) during interventional radiology procedures.

Materials and Methods: We examined data from brain embolization ($n = 30$), hepatic chemoembolization ($n = 50$), and uterine embolization ($n = 12$). The PSDs were measured using radiochromic film around the patient's head (group 1) or abdominal/pelvic region (group 2). Acquisition technical data and kerma-area products (KAP) were also recorded. Occupational doses were measured using Instadose™ dosimeters near the left eye region (LER), chest, and left ankle.

Results and Discussion: The third quartile (median) KAP values were 408.1 (235.3) Gy·cm² for group 1 and 584.4 (449.4) Gy·cm² for group 2. The average PSDs were greatest during vascular procedures, reaching 1,004.4 (786.4) mGy, and the highest PSD was 2,352.6 mGy (during hepatic chemoembolization). The third quartile (median) occupational doses were 0.35 (0.21) mSv at the LER, 0.25 (0.15) mSv at the chest, and 1.47 (0.64) mSv at the left ankle. Occupational doses at the LER were higher than at the chest, which highlights the importance of protective glasses and suspended shields. The occupational doses at the ankle region were also high, which highlights the importance of using a lead-lined curtain attached to the table.

Conclusion: The results indicate that physicians can reach, for eye region, the weekly occupational dose limit after around 15 procedures, even when using proper protection. The average PSD values were below the threshold for tissue reactions, although the complexity of these procedures emphasises the importance of considering related risks.

Keywords: Embolization, Peak Skin Dose, Occupational Dose, Interventional Radiology

Original Research

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Introduction

Interventional radiology guided by fluoroscopy can facilitate the diagnosis and treatment of numerous diseases, and has reduced the risk of patient death [1, 2]. These procedures are considered minimally invasive and provide good therapeutic efficacy [2–4]. However, during these procedures, the patient and medical team receive high radiation doses, which highlights the importance of optimizing radiation protection [2, 5, 6]. For example, during embolization procedures, some patients may receive doses that exceed the threshold for tissue reactions [7, 8]. Furthermore, treatment complexity and the patient's clinical condition can increase the risk to both the patient and the medical team [9, 10]. Therefore, dosimetry evaluations are essential for estimating doses and optimizing the protection of the patient and medical team [7].

JRPR

The role of percutaneous transhepatic biliary biopsy in the diagnosis of patients with obstructive jaundice: an initial experience

Papel da colangiobiópsia trans-hepática percutânea no diagnóstico de pacientes com icterícia obstrutiva: experiência inicial

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Abstract Objective: To evaluate the accuracy of percutaneous transhepatic biliary biopsy (PTBB) in patients with suspected biliary obstruction.

Materials and methods: This was a retrospective analysis of 18 patients with obstructive jaundice who underwent PTBB. In each patient, three to ten fragments were collected from the lesion. The final diagnosis was confirmed in the pathology report. We also reviewed analyses of the results of laboratory tests performed before the procedure, as well as the Bismuth classification, clinical outcome, complications occurring during the procedure, access route, and materials used.

Results: Technical success was achieved in 100% of the PTBB procedures. Among the 18 patients clinically diagnosed with bile duct stenosis, the pathological analysis confirmed that diagnosis in 17. In one case, the pathological findings were considered false-negative. The predominant tumor was cholangiocarcinoma (seen in 50% of the cases). Sixteen of the procedures (88.9%) were performed without complications. Transient hemobilia occurred in one case, and cholangitis occurred in another.

Conclusion: PTBB is a safe, viable, simple technique with a high rate of true-positive results for the definitive diagnosis of obstructive jaundice.

Keywords: Jaundice, obstructive; Biliary tract; Biopsy/methods; Biopsy, needle/methods; Cholangiography.

Resumo Objetivo: Avaliar a precisão diagnóstica da colangiobiópsia trans-hepática percutânea (CBTP) em pacientes com suspeita de obstrução biliar.

Materiais e Métodos: Análise retrospectiva de 18 pacientes apresentando icterícia obstrutiva foram submetidos a CBTP. Em cada paciente, 3 a 10 fragmentos foram coletados da lesão. O diagnóstico final foi confirmado por relatório anatomopatológico. Adicionalmente, foram registrados a análise laboratorial antes do procedimento, a classificação de Bismuth, o desfecho clínico, as intercorrências durante o procedimento, a via de acesso e os materiais utilizados.

Resultados: A CBTP apresentou sucesso técnico em 100% dos casos. Dos 18 pacientes clinicamente diagnosticados com estenose biliar, 17 receberam diagnóstico patológico positivo. Em um caso os achados patológicos foram considerados falso-negativos. O colangiocarcinoma foi a neoplasia predominante (50%). Dezesesseis (88,9%) procedimentos foram realizados sem intercorrências. Hemobilia transitória ocorreu em um caso e colangite em outro caso isolado.

Conclusão: A CBTP é uma técnica segura, viável e simples, com alta taxa de verdadeiro-positivos para o diagnóstico definitivo de causas de icterícia obstrutiva.

Unitermos: Icterícia obstrutiva; Trato biliar; Biópsia/métodos; Biópsia por agulha/métodos; Colangiografia.

INTRODUCTION

Major advances in the diagnosis of biliary obstruction have been made in recent decades. The site of obstruction in the biliary tract can be identified quickly and accurately through the use of imaging modalities such as ultrasound,

computed tomography (CT), and magnetic resonance cholangiopancreatography (MRCP), all of which are non-invasive^(1,2). However, tumors that affect the bile duct are often too small to be seen or to show specific image findings. In addition, malignant obstructions cannot be easily

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Evaluation of Uterine Contractility by Magnetic Resonance Imaging in Women Undergoing Embolization of Uterine Fibroids

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Abstract

Purpose

To assess uterine contractility using ultrafast magnetic resonance imaging (cine MRI) before and after uterine fibroid embolization (UFE).

Materials and Methods

MEDICAL DEVELOPMENTS

Functional magnetic resonance imaging for clinical evaluation of uterine contractility

Ressonância magnética funcional para avaliação clínica da contratilidade uterina

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ABSTRACT

Uterine contractility out of the gestational phase, during the menstrual cycle and the habitual functional variations of the organ, this is one of the responsible mechanisms for reproduction and fertility, due to its direct action in the mechanisms conducting the spermatozoa to the ovule and in the decidual implantation. Pathologies such as uterine leiomyoma, endometriosis, adenomyosis, polycystic ovarian syndrome, as well as the use of intrauterine devices and oral contraceptives, may alter a functionality of uterine contractility. Thus, magnetic resonance imaging with ultra-fast sequences provides a dynamic evaluation (cine-MRI) and thus the correlation of uterine contractility quality in patients with current infertility or pathologies.

Keywords: Uterine contraction; Myoma; Magnetic resonance imaging; Infertility; Sperm transport

RESUMO

A contratilidade uterina fora da fase gestacional, durante o ciclo menstrual e as habituais variações funcionais do órgão, é um dos mecanismos responsáveis pela reprodução e fertilidade, devido sua ação direta nos mecanismos de condução dos espermatozoides até o óvulo e na implantação decidual. Patologias como leiomioma uterino, endometriose, adenomiose, síndrome dos ovários policísticos, bem como o uso de dispositivos intrauterinos e anticoncepcionais orais, podem alterar a funcionalidade da contratilidade uterina. Desta forma a ressonância magnética com sequências ultra-rápidas proporcionam uma avaliação dinâmica (cine-RM) e assim a correlação da qualidade da contratilidade uterina em pacientes com infertilidade ou patologias vigentes.

Descritores: Contração uterina; Mioma; Imagem por ressonância magnética; Infertilidade; Transporte espermático

INTRODUCTION

Uterine function is intuitively associated with the gestational period. However, the non-pregnant uterus has other vital functions, such as elimination of endometrial cells during the menstrual period and promotion of sperm cell transport to implantation sites, both related to myometrial peristalsis (Figures 1A and 1B).^(1,2)

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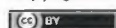
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The value of percutaneous transhepatic treatment of biliary strictures following pediatric liver transplantation

O valor do tratamento das estenoses biliares por via transparietal pós-transplante hepático pediátrico

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Cardarelli-Leite L, Fornazari VAV, Peres RR, Salzedas-Neto AA, Gonzalez AM, Szejnfeld D, Goldman SM. The value of percutaneous transhepatic treatment of biliary strictures following pediatric liver transplantation. *Radiol Bras.* 2017 Set/Out;50(5):308–313.

Abstract Objective: To evaluate the percutaneous transhepatic approach to the treatment of biliary strictures in pediatric patients undergoing liver transplantation.

Materials and Methods: This was a retrospective study of data obtained from the medical records, laboratory reports, and imaging examination reports of pediatric liver transplant recipients who underwent percutaneous transhepatic cholangiography, because of clinical suspicion of biliary strictures, between 1st September 2012 and 31 May 2015. Data were collected for 12 patients, 7 of whom were found to have biliary strictures.

Results: In the 7 patients with biliary strictures, a total of 21 procedures were carried out: 2 patients (28.6%) underwent the procedure twice; 3 (42.8%) underwent the procedure three times; and 2 (28.6%) underwent the procedure four times. Therefore, the mean number of procedures per patient was 3 (range, 2–4), and the average interval between them was 2.9 months (range, 0.8–9.1 months). The drainage tube remained in place for a mean of 5.8 months (range, 3.1–12.6 months). One patient presented with a major complication, hemobilia, which was treated with endovascular embolization. Clinical success was achieved in all 7 patients, and the mean follow-up after drain removal was 15.4 months (range, 5.3–26.7 months).

Conclusion: The percutaneous transhepatic approach to treating biliary strictures in pediatric liver transplant recipients proved safe, with high rates of technical and clinical success, as well as a low rate of complications.

Keywords: Liver transplantation; Biliary atresia; Constriction, pathologic/therapy; Cholangiography; Drainage.

Resumo Objetivo: Demonstrar o valor da abordagem transparieto-hepática no tratamento de estenoses biliares em pacientes pediátricos submetidos a transplante de fígado.

Materiais e Métodos: Estudo retrospectivo com revisão de prontuários, exames laboratoriais e de imagem dos pacientes pediátricos submetidos a transplante hepático. Foram incluídos pacientes com suspeita de estenose de vias biliares que realizaram colangiografia transparieto-hepática para diagnóstico, entre 1º de setembro de 2012 e 31 maio de 2015. Os dados de 12 pacientes foram coletados, dos quais 7 apresentaram estenose de vias biliares.

Resultados: No total foram realizados 21 procedimentos: 2 pacientes realizaram dois procedimentos (28,6%), 3 pacientes realizaram três procedimentos (42,8%) e 2 pacientes realizaram quatro procedimentos (28,6%). A média de procedimentos por paciente foi 3 (variação: 2–4) e o intervalo médio entre os procedimentos foi 2,9 meses (variação: 0,8–9,1 meses). A permanência média do dreno foi 5,8 meses (variação: 3,1–12,6 meses). Uma paciente apresentou hemobilia com instabilidade hemodinâmica, tratada com sucesso por via endovascular. O sucesso clínico foi alcançado nos 7 pacientes e o seguimento médio após retirada do dreno foi 15,4 meses (variação: 5,3–26,7 meses).

Conclusão: A abordagem transparieto-hepática das estenoses biliares em crianças submetidas a transplante de fígado demonstrou ser tratamento eficaz, com baixo índice de complicações.

Unitermos: Transplante de fígado; Atresia de vias biliares; Constrição patológica/terapia; Colangiografia; Drenagem.

Study conducted in the Department of Diagnostic Imaging of the Escola Paulista de Medicina da Universidade Federal de São Paulo (EPM-Unifesp), São Paulo, SP, Brazil.

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INTRODUCTION

The first attempt at pediatric liver transplantation was made in 1963 by the American surgeon Thomaz Earl Starzl in a 3-year-old boy with biliary atresia, who died during

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Transcatheter arterial embolization for unresectable symptomatic giant hepatic hemangiomas: single-center experience using a lipiodol-ethanol mixture*

Embolização arterial transcatheter de hemangiomas hepáticos gigantes sintomáticos e não ressecáveis: experiência de um único centro no uso de uma mistura de lipiodol e etanol

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Szejnfeld D, Nunes TF, Fornazari VAV, Matos CAL, Gonzalez AM, D'Ippolito G, Silva ISS, Goldman SM. Transcatheter arterial embolization for unresectable symptomatic giant hepatic hemangiomas: single-center experience using a lipiodol-ethanol mixture. Radiol Bras. 2015 Mai/Jun;48(3):154–157.

Abstract Objective: The present article is aimed at reporting the author's experience with transcatheter arterial embolization using a lipiodol-ethanol mixture in three cases of unresectable symptomatic giant hepatic hemangiomas.

Materials and Methods: The cases of three patients with giant unresectable symptomatic hepatic hemangiomas embolized in the period 2009–2010 were retrospectively reviewed. In all the cases, transarterial embolization was performed with an ethanol-lipiodol mixture.

Results: Symptoms regression and quality of life improvement were observed in all the cases. No complications were observed and all the patients were discharged within 12 hours after the procedure.

Conclusion: Transcatheter arterial embolization using ethanol mixed with lipiodol was a safe and effective treatment for symptomatic giant hepatic hemangiomas in this small series of patients.

Keywords: Hemangioma; Therapeutic embolization; Ethanol; Ethiodized oil.

Resumo Objetivo: Este estudo teve como objetivo relatar a experiência dos autores de embolização arterial transcatheter com o uso de uma mistura de lipiodol e etanol em três casos de hemangiomas hepáticos gigantes sintomáticos e não ressecáveis.

Materiais e Métodos: Três hemangiomas hepáticos gigantes sintomáticos e não ressecáveis em três pacientes foram embolizados com o uso de uma mistura transarterial de etanol e lipiodol.

Resultados: A regressão dos sintomas e a melhora na qualidade de vida foram observadas em todos os casos. Nenhuma complicação foi encontrada e todos os pacientes receberam alta em até 12 horas após o procedimento.

Conclusão: O etanol misturado com o lipiodol foi um tratamento eficaz e seguro para hemangiomas hepáticos gigantes sintomáticos nesta pequena série de pacientes.

Unitermos: Hemangioma; Embolização terapêutica; Etanol; Óleo etiodado.

INTRODUCTION

Hepatic hemangiomas are the most common benign liver tumors. They are usually asymptomatic and require no intervention^(1,2). Hepatic hemangiomas are considered to be "giant" when greater than 5 cm, and the larger ones are more

prone to spontaneous rupture^(3,4). Spontaneous rupture is considered to be exceptionally rare in the absence of anticoagulant therapy or trauma and in such a situation the presence of underlying liver disease should be considered^(4,5). Traditionally, patients with persistent pain are considered for resection when other causes for the pain have been excluded^(3,6). In some cases, giant hemangiomas may present with extensive involvement of the hepatic hilum, veins and/or extension into the thorax and/or pelvis, and surgery becomes a high-risk procedure in these patients⁽⁶⁾.

Transcatheter arterial embolization (TAE) was first used in 1991 by Yamamoto et al.⁽⁷⁾ as a preoperative procedure in a case of ruptured hemangioma. Since then, only a few reports on the use of TAE for the treatment of symptomatic (non-hemorrhagic) liver hemangiomas have been published^(8,9). To the best of the authors' knowledge, no report using lipiodol-ethanol injection therapy has been published to date.

The purpose of the present article is to report the authors' experience with TAE using a lipiodol-ethanol mixture

* Study developed at Federal University of São Paulo (Unifesp), São Paulo, SP, Brazil.

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Interventional radiology and endovascular surgery in the treatment of ectopic pregnancies

Radiologia intervencionista e cirurgia endovascular no tratamento das prenhez ectópicas

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ABSTRACT

The advent of interventional radiology enabled remarkable advances in diagnosis and treatment of several situations in obstetrics and gynecology. In the field of obstetrics, these advances include temporary occlusion of the iliac arteries to the management of placenta accreta and/or prior, arteriovenous fistulas after embolization of uterine curettage and management of ectopic uterine and extra-uterine pregnancies. The non-tubal ectopic pregnancy, either cervical, abdominal, ovarian or in a cesarean scar, often represents major therapeutic challenge, especially when exists a desire to maintain fertility. Despite the systemic methotrexate therapy and surgical resection of the ectopic gestational sac be the most used therapeutic options, the interventionist approach of non-tubal ectopic pregnancies, direct injection of methotrexate in the gestational sac and intra-arterial chemoembolization of uterine arteries constitute in the currently literature viable, safe, effective modalities with low morbidity, shorter hospital stay, and rapid clinical recovery. Because of little variety of materials used, and the increase in training of specialists in the area, the radiological intervention as a treatment option in ectopic pregnancies is financially viable and present considerable accessibility in the world and at most of Brazilian medical centers.

Keywords: Pregnancy, ectopic; Chemoembolization, therapeutic; Radiography, interventional; Uterine artery embolization; Methotrexate

RESUMO

O advento da radiologia intervencionista tornou possível avanços notáveis no diagnóstico e no tratamento de diversas situações, na área de ginecologia e obstetrícia. No campo da obstetrícia, esses avanços incluem oclusão temporária das artérias hipogástricas para o manejo de placenta acreta e/ou prévia, embolização de fistulas arteriovenosas após curetagem uterina e manejo de prenhez ectópicas uterinas e extrauterinas. A gravidez ectópica não tubária, seja cervical, abdominal, ovariana ou na cicatriz de cesárea, muitas vezes representa grande desafio terapêutico, principalmente quando há desejo de manutenção da fertilidade. As opções terapêuticas mais utilizadas para o tratamento de

preñez ectópica não tubária, são: terapia sistêmica com metotrexato e ressecção cirúrgica do saco gestacional ectópico; porém a abordagem intervencionista com injeção direta de metotrexato no saco gestacional ou quimioembolização intra-arterial das artérias uterinas, apresentam-se na literatura recente, como modalidades terapêuticas viáveis, seguras, eficazes, com baixa morbidade, menor tempo de internação e rápida recuperação clínica. Devido ao diminuto arsenal de materiais utilizados e à crescente formação de especialistas na área, a intervenção radiológica, como opção de tratamento nas prenhez ectópicas, é financeiramente viável e apresenta acessibilidade considerável no mundo e na maioria dos centros médicos brasileiros.

Descritores: Gravidez ectópica; Quimioembolização terapêutica; Radiologia Intervencionista; Embolização da artéria uterina; Metotrexato

INTRODUCTION

The advent of interventional radiology enabled striking advances in diagnosis and treatment of a variety of conditions, particularly in obstetrics and gynecology throughout minimally invasive percutaneous techniques, without general anesthesia, shorter period of hospitalization, low morbidity and preservation of the uterus.^(1,2)

In the field of obstetrics, notable advances include temporary hypogastric artery occlusion for management of placenta accrete, embolization arteriovenous fistulae followed by curettage and management of complicated intrauterine and extrauterine ectopic pregnancies.⁽¹⁻³⁾ The incidence of ectopic pregnancy is 2%, and most of implants occur in the fallopian tubes (90%).⁽³⁾

Non-tubal ectopic pregnancy (uterine cornua, cervical, abdominal, ovarian or cesarean scar pregnancy) often poses a major management challenge, particularly when fertility preservation is desired.⁽³⁻⁵⁾ Treatment options include systemic therapy with methotrexate, surgical

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Endovascular Management of Massive Hemobilia as a Late Complication of Percutaneous Biliary Drainage in a Pediatric Liver Transplant Recipient: A Case Report

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ABSTRACT

Development of biliary strictures after liver transplantation is not uncommon, and minimally invasive procedures are the first-line treatment of choice in most centers. Hemobilia is an infrequent, usually self-limited complication related to the initial biliary access procedure. Massive hemobilia with severe hemodynamic instability is a rare event, particularly as a delayed complication. The difficulty of obtaining surgical access makes management of this condition highly challenging. Endovascular embolization may represent an important treatment option in this setting.

BILIARY strictures occur in approximately 5% to 15% of patients after cadaveric donor liver transplantation [1]. The therapeutic armamentarium available for management of this condition includes revision surgery and placement of stenting devices, followed by repeated dilatation, whether through the endoscopic or the percutaneous route [2]. When an endoscopic approach is not feasible, percutaneous drainage is the alternative of choice [2]. This treatment consists of transstenotic drainage of the biliary tract followed by successive dilatation and drain placement [3]. The most frequent complications of percutaneous biliary drainage include cholangitis, pain at the drain placement site, pericapsular biliary leak, and self-limited hemobilia [3,4]. Delayed development of massive hemobilia is quite rare [3] and poses a major management challenge, given the severity of the clinical condition and the difficulty of surgical access in the transplanted liver. This report describes a case of massive hemobilia as a late complication of percutaneous biliary drainage in a cadaveric liver graft recipient that was successfully managed by endovascular embolization of the hepatic artery.

CASE REPORT

A 9-year-old female patient with liver failure secondary to autoimmune hepatitis underwent segmental cadaveric donor liver transplantation (segments 1, 2, 3, 4, 5, and 8) with end-to-end choledocho-choledochostomy (duct-to-duct biliary anastomosis) on September 26, 2012. On postoperative day 3, the patient

developed acute rejection, which was confirmed by biopsy and treated with pulse corticosteroid therapy and optimization of her immunosuppression regimen. Due to persistently elevated direct bilirubin and liver enzyme levels, the patient underwent magnetic resonance cholangiography, which revealed moderate intrahepatic biliary ductal dilatation and marked stenosis at the level of the choledocho-choledochostomy. Endoscopic dilatation was attempted unsuccessfully. On postoperative day 20, the decision was made to traverse and dilate the stricture during percutaneous transhepatic drainage and place a biliary drainage catheter (Figs 1 and 2). After this procedure, bilirubin levels improved progressively and the patient was discharged. A further 3 percutaneous dilatation procedures were performed uneventfully over the subsequent 5 months. One week after a dilatation procedure performed in postoperative month 5, the patient developed progressive hemobilia ultimately leading to hypovolemic shock and requiring intensive care unit admission. Her condition continued to deteriorate, with disseminated intravascular coagulopathy, persistent bleeding through the drainage catheter, hematemesis, and melena. She received 25 units of packed red blood cells over a 72-hour period. Computed tomography angiography showed an area of contrast extravasation at the level of the biliary anastomosis (Fig 3). A decision was then made to revise the drainage catheter via the endovascular route.

The right common femoral artery was cannulated and hepatic arteriography was performed, which showed an area of active

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Documentation about
the Journals in which
Dr. Adami Vayego
Fornazari has Published his
Work

Rank	Journal Name	Abbreviated Journal	Publisher	JIF	5-Year JIF	JIF Without	JCI
1	CA-A CANCER JOURNAL FOR CLINICIANS	CA-CANCER J CLIN	WILEY	232.4	353.0	232.2	112.16
2	NATURE REVIEWS MICROBIOLOGY	NAT REV MICROBIOL	NATURE PORTFOLIO	103.3	99.1	102.8	9.86
3	NATURE REVIEWS DRUG DISCOVERY	NAT REV DRUG DISCOV	NATURE PORTFOLIO	101.8	129.8	101.1	13.95
4	NATURE REVIEWS MOLECULAR CELL BIOLOGY	NAT REV MOL CELL BIO	NATURE PORTFOLIO	90.2	128.7	89.6	7.94
5	Kidney International Supplements	KIDNEY INT SUPPL	ELSEVIER SCIENCE INC	89.6	26.0	89.6	5.88
6	LANCET	LANCET	ELSEVIER SCIENCE INC	88.5	104.8	87.1	23.28
7	Nature Reviews Materials	NAT REV MATER	NATURE PORTFOLIO	86.2	99.8	85.9	4.42
8	Nature Reviews Clinical Oncology	NAT REV CLIN ONCOL	NATURE PORTFOLIO	82.2	89.9	81.7	11.95
9	NEW ENGLAND JOURNAL OF MEDICINE	NEW ENGL J MED	MASSACHUSETTS MEDICAL SOCIETY	78.5	84.9	77.9	23.30
10	Nature Reviews Earth & Environment	NAT REV EARTH ENV	SPRINGER NATURE	71.5	73.7	71.1	5.96
11	NATURE REVIEWS CANCER	NAT REV CANCER	NATURE PORTFOLIO	66.8	81.0	66.4	9.04
12	World Psychiatry	WORLD PSYCHIATRY	WILEY	65.8	60.0	60.7	12.18
13	ANNALS OF ONCOLOGY	ANN ONCOL	ELSEVIER	65.4	46.8	64.5	8.38
14	Living Reviews in Relativity	LIVING REV RELATIV	SPRINGER INT PUBL AG	62.5	52.4	62.5	5.86
15	NATURE REVIEWS IMMUNOLOGY	NAT REV IMMUNOL	NATURE PORTFOLIO	60.9	77.6	60.5	7.86
16	Nature Reviews Disease Primers	NAT REV DIS PRIMERS	NATURE PORTFOLIO	60.6	104.8	60.6	21.18
17	MMWR Recommendations and Reports	MMWR RECOMM REP	CENTERS DISEASE CONTR	60.1	50.0	60.0	10.91
17	Nature Energy	NAT ENERGY	NATURE PORTFOLIO	60.1	68.9	59.4	8.48
19	Nature Reviews Methods Primers	NAT REV METHOD PRIME	SPRINGER NATURE	56.0	66.9	55.8	9.39
20	CHEMICAL REVIEWS	CHEM REV	AMER CHEMICAL SOC	55.8	67.5	55.3	4.03
21	JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION	JAMA-J AM MED ASSOC	AMER MEDICAL ASSOC	55.0	64.7	53.9	11.47
22	Signal Transduction and Targeted Therapy	SIGNAL TRANSDUCT TAR	SPRINGER NATURE	52.7	52.2	52.1	5.04
23	NATURE REVIEWS GENETICS	NAT REV GENET	NATURE PORTFOLIO	52.0	57.1	51.5	6.66
24	Nature Reviews Chemistry	NAT REV CHEM	NATURE PORTFOLIO	51.7	49.4	51.4	3.28
25	Nature Reviews Gastroenterology & Hepatology	NAT REV GASTRO HEPAT	NATURE PORTFOLIO	51.0	72.4	50.4	8.10
26	NATURE MEDICINE	NAT MED	NATURE PORTFOLIO	50.0	52.4	49.2	11.03
27	MMWR Surveillance Summaries	MMWR SURVEILL SUMM	CENTERS DISEASE CONTR	49.8	34.1	49.8	15.95
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29	IEEE Communications Surveys and Tutorials	IEEE COMMUN SURV TUT	IEEE-INST ELECTRICAL ELECTRONICS ENGINEERING SOCIETY	46.7	42.8	45.6	10.20
30	SCIENCE	SCIENCE	AMER ASSOC ADVANCEMENT	45.8	49.7	45.3	8.98

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10681	MOLECULAR AND BIOCHEMICAL PARASITOLOGY	MOL BIOCHEM PARASIT	1.5	1.5	1.4	0.36

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10	Neurophotonics 	journal	1.143 Q1	55	94	201	6168	891	187	3.95	65.62
11	Cancer Imaging 	journal	0.975 Q1	69	166	265	6630	957	264	3.29	39.94
12	Journal of Neuroradiology	journal	0.928 Q1	53	76	238	2448	583	175	2.63	32.21
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14	International Journal of Hyperthermia 	journal	0.881 Q1	103	123	496	4843	1578	487	2.93	39.37
15	Brain Topography	journal	0.868 Q1	85	88	182	5624	555	181	2.93	63.91
16	<u>Abdominal Radiology</u>	journal	0.817 Q1	91	575	1376	20822	3463	1267	2.58	36.21
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	Title	Type	↓ SJR	H index	Total Docs. (2024)	Total Docs. (3years)	Total Refs. (2024)	Total Citations (3years)	Citable Docs. (3years)	Citations / Doc. (2years)	Ref. / Doc. (2024)	%Fe (2)
1	Revista de Saude Publica	journal	0.897 Q2	93	84	354	2193	806	349	2.06	26.11	6
2	Trends in Psychiatry and Psychotherapy	journal	0.831 Q2	31	41	124	1568	316	110	1.79	38.24	5
3	Memorias do Instituto Oswaldo Cruz	journal	0.752 Q2	108	62	204	3387	408	180	1.48	54.63	5
4	Cadernos de Saude Publica	journal	0.732 Q2	91	230	865	6948	1321	776	1.33	30.21	6
5	International braz j urol : official journal of the Brazilian Society of Urology	journal	0.714 Q2	51	90	440	2276	790	372	2.26	25.29	2
6	Journal of Applied Oral Science	journal	0.682 Q2	65	73	201	3129	574	198	2.38	42.86	5
7	Revista Brasileira de Epidemiologia	journal	0.674 Q2	47	122	218	2232	377	214	1.19	18.30	6

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9	Clinics 	journal	0.612 Q2	83	216	538	6409	1083	448	2.07	29.67	4
10	Sleep Science  	journal	0.588 Q2	35	21	257	754	544	252	2.06	35.90	5
11	Revista do Instituto de Medicina Tropical de Sao Paulo 	journal	0.533 Q2	58	77	222	1954	361	217	1.50	25.38	5
12	Epidemiologia e servicos de saude : revista do Sistema Unico de Saude do Brasil  	journal	0.525 Q3	32	80	283	1876	413	254	1.54	23.45	6
13	Sao Paulo Medical Journal  	journal	0.500 Q3	50	79	278	2621	414	256	1.57	33.18	5
14	Brazilian Journal of Medical and Biological Research 	journal	0.498 Q3	102	122	385	4675	711	383	1.57	38.32	4
15	Brazilian Oral Research  	journal	0.472 Q3	63	136	410	4773	644	407	1.25	35.10	5
16	Arquivos brasileiros de cirurgia digestiva : ABCD = Brazilian archives of digestive surgery 	journal	0.405 Q3	28	74	238	2049	312	205	1.55	27.69	2
17	Revista Brasileira de Enfermagem 	journal	0.394 Q3	37	251	1084	7585	1239	1048	1.03	30.22	7
18	Arquivos Brasileiros de Oftalmologia 	journal	0.384 Q3	37	152	378	2324	350	294	0.84	15.29	4
19	Historia, Ciencias, Saude - Manguinhos  	journal	0.348 Q3	24	58	240	2612	99	213	0.31	45.03	5
20	Brazilian Journal of Cardiovascular Surgery  	journal	0.341 Q3	36	101	431	1913	480	368	1.05	18.94	2

1 - 20 of 3

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Metrics based on Scopus® data as of March 2025

Global Speaking Engagements

28º CONGRESSO
sobrice
2025



CONECTANDO
TECNOLOGIA
E CUIDADO
AO PACIENTE

REALIZAÇÃO:
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CERTIFICADO

We hereby certify that the abstract PT.136, "Ultrasound-Guided Transvaginal Drainage with Inferior Hypogastric Plexus Block: Case Report with Technique Illustration," authored by Silva Junior PP, Fornazari VAV, Gimenes JVM, Leite LSG, Abe DG, Sales RA, and Silva PH, was presented as a POSTER at the 28th SOBRICE Congress, held from October 15 to 17, 2025, at the Rebouças Convention Center, São Paulo, SP.

Rubens Pierry Ferreira Lopes

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

28º CONGRESSO
sobrice
2025



CONECTANDO
TECNOLOGIA
E CUIDADO
AO PACIENTE

REALIZAÇÃO
sobrice

CERTIFICADO

We hereby certify that the abstract PT.135, "Visual Appearance vs. Culture: The Fallacy of 'Sterile Fluid' in Superficial Drainages," authored by Silva Junior PP, Fornazari VAV, Gimenes JVM, Silva PH, Araujo Neto JA, and Sarro CST, was presented as a POSTER at the 28th SOBRICE Congress, held from October 15 to 17, 2025, at the Rebouças Convention Center, São Paulo, SP.

Rubens Pierry Ferreira Lopes

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

28º CONGRESSO
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2025



CONECTANDO
TECNOLOGIA
E CUIDADO
AO PACIENTE

REALIZAÇÃO:
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CERTIFICADO

We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as a Speaker in the session **SOBRICE Júnior – Management and Entrepreneurship**, presenting the topic “**How to Open My Practice? Tips and Tricks**”, during the **28th SOBRICE Congress**, held from October 15 to 17, 2025, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

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2024



O MAIOR EVENTO
DE RADIOLOGIA
INTERVENCIONISTA
E CIRURGIA
ENDOVASCULAR DA
AMÉRICA LATINA

REALIZAÇÃO:
sobrice

CERTIFICADO

We hereby certify that the abstract **PT.060**, **“Enhanced Myometrial Vascularity’: A New Perspective on Uterine Fistulas,”** authored by Borba MGC, Fornazari VDV, Leite LSG, Lino JPC, Araújo Neto JA, Abe DG, and Gimenes JVM, was presented as a POSTER at the **27th SOBRICE Congress**, held from October 16 to 18, 2024, at the Rebouças Convention Center, São Paulo, SP.

Rodrigo Gobbo
Diretor Científico SOBRICE 2024

Denis Saengerfeld
Presidente SOBRICE 2023/2024

sobrice
2024



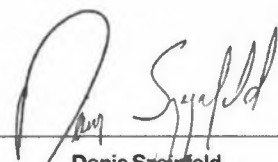
O MAIOR EVENTO
DE RADIOLOGIA
INTERVENCIONISTA
E CIRURGIA
ENDOVASCULAR DA
AMÉRICA LATINA

REALIZAÇÃO
sobrice

CERTIFICADO

We hereby certify that Vinícius Adami Vayego Fornazari participated as a Speaker in the session **Biliary Intervention in Malignant Disease**, presenting the topic "**Stent Placement in High Biliary Obstructions**", during the **27th SOBRICE Congress**, held from October 16 to 18, 2024, at the Rebouças Convention Center, São Paulo, SP, Brazil.


Rodrigo Gobbo
Diretor Científico SOBRICE 2024


Denis Szemfeld
Presidente SOBRICE 2023/2024



Sobrice2023 18-20 OUT

Centro de Convenções Rebouças • São Paulo - SP

Certificado

We hereby certify that the abstract **PT.078, "Luschka Duct Embolization in a Pediatric Patient: A Minimally Invasive and Promising Procedure,"** authored by Borba MGC, Araújo Neto JA, Nunes KWG, Abe DG, Bannwart L, Leite LSG, de Melo VLB, and Fornazari VDV, was presented as an ELECTRONIC POSTER at the **26th SOBRICE Congress**, held from October 18 to 20, 2023, at the Rebouças Convention Center, São Paulo, SP.

Denis Szejnfeld
Presidente da SOBRICE

José Hugo Mendes Luz
Presidente do Congresso

sobrice



Sobrice2023 18-20 OUT

Centro de Convenções Rebouças • São Paulo - SP

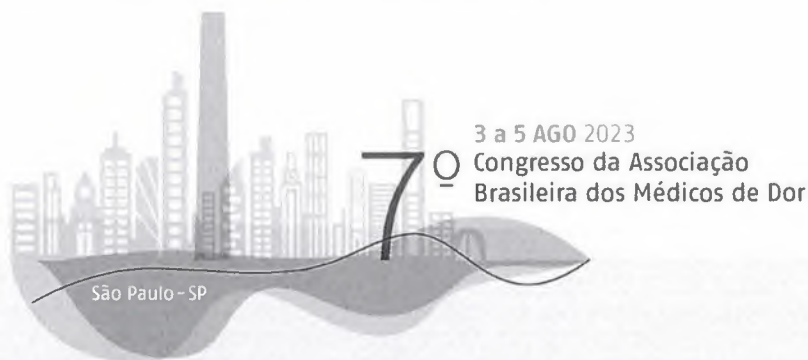
Certificado

We hereby certify that the abstract **PT.079, "Embolization of the Hemorrhoidal Plexus in a Patient with Lower Gastrointestinal Bleeding,"** authored by Borba MGC, Nunes TF, Araújo Neto JA, Nunes KWG, Melo VLB, Leite LSG, Bannwart L, Mendes AZ, Abe DG, and Fornazari VDV, was presented as an ELECTRONIC POSTER at the **26th SOBRICE Congress**, held from October 18 to 20, 2023, at the Rebouças Convention Center, São Paulo, SP.

Denis Szejnfeld
Presidente da SOBRICE

José Hugo Mendes Luz
Presidente do Congresso

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Certificado

We certify that Vinicius Fornazari served as speaker in the session **Sociedade Bras. de Radiologia Intervencionista e Cirurgia Endovascular - SOBRICE**, with the theme " **Interventional Treatment of Vascular Pain** ", held in the **7º Meeting of SOBRAMID**, from August 03 to 05, 2023 at Bourbon Ibirapuera Hotel, São Paulo, SP.

José Luiz Campos
Presidente SOBRAMID

Alexandre Mio
Vice-Presidente SOBRAMID

31 mar e 1 abr
3º SRio 2023

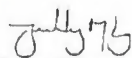
Simpósio de Radiologia
Intervencionista em Oncologia
Hotel Prodigy Santos Dumont • RJ

Certificado

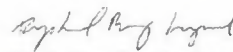
We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as a Speaker in the session **SRio III meets SOBRICE**, presenting the topic "**Palliation in Oncologic Intervention**", during the 3rd SRio – Interventional Radiology in Oncology Symposium, held from March 31 to April 1, 2023, at the Hotel Prodigy Santos Dumont, Rio de Janeiro, RJ, Brazil.



Dr. Hugo Gouveia
Presidente



Dr. José Hugo Luz
Presidente



Dr. Raphael Braz Levigard
Presidente



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CENTRO DE CONVENÇÕES REBOUÇAS • SÃO PAULO - SP
25anos

CERTIFICADO

We hereby certify that the abstract No. **PT.069**, titled "**Percutaneous Biopsy of Orbital Lesions: A Case Series**," authored by Abe DG, Fornazari VAV, Szejnfeld D, Monarim MAS, Nicola H, Silva PH, Araújo Neto JA, and Borba MGC, was presented as a POSTER at the **25th Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery – SOBRICE**, held from October 13 to 15, 2022, at the Rebouças Convention Center in São Paulo.

Joaquim Mauricio da Motta Leal Filho
Presidente da SOBRICE

Mauricio Amoedo
Presidente do Congresso

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Certificado

CBR22

51º CONGRESSO BRASILEIRO
DE RADIOLOGIA E
DIAGNÓSTICO POR IMAGEM

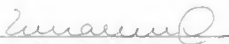


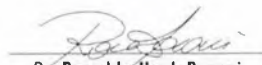
Colégio Brasileiro de Radiologia
e Diagnóstico por Imagem

We declare that **VINICIUS ADAMI VAYEGO FORNAZARI**
Participated in the CBR22 - 51º Brazilian Congress of Radiology
and Image Diagnostic on the September 01 to 03, 2022, as
Speaker in the activity "**Evaluation of Image in the Control post
interventional procedures**"- "**Control post fibroids
embolization**".

Florianópolis, 3 de setembro de 2022.

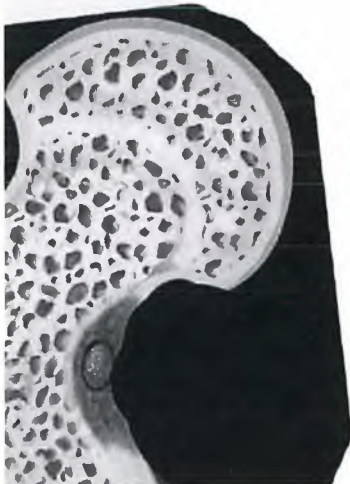

Dr. Valdair Francisco Muglia
Presidente do CBR


Dra. Luciana Costa
Diretora Científica do CBR


Dr. Ronaldo Hueb Baroni
Diretor Científico Adjunto do CBR

6º CONGRESSO DA SOCIEDADE
BRASILEIRA DE MÉDICOS
INTERVENCIONISTAS EM DOR

2 A 4 DE DEZEMBRO



ABLATION OF OSTEOID OSTEOMA

Vinicius Fornazari MD, PhD



24º Congresso da SOBRICE

SOBRICE 2021 14 a 16 out

Centro de Convenções Rebouças • São Paulo SP

CERTIFICADO

We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as a speaker in the session **Embolization Emergencies**, presenting the topic **"The Role of the Interventional Radiologist in Ectopic Pregnancy"**, held during the **24th Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery**, which took place from October 14 to 16, 2021, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Joaquim Mauricio da Motta Leal Filho
Presidente da SOBRICE

Lucas Monsignore
Presidente do Congresso

sobrice



24º Congresso da SOBRICE

SOBRICE 2021 14 a 16 out

Centro de Convenções Rebouças • São Paulo SP

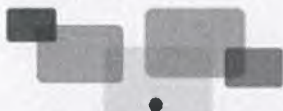
CERTIFICADO

We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as a **speaker** in the session **Women's Health + Ablation**, presenting the topic **"Fibroid Embolization and Fertility: Update"**, held during the **24th Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery**, which took place from October 14 to 16, 2021, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Joaquim Mauricio da Motta Leal Filho
Presidente da SOBRICE

Lucas Monsignore
Presidente do Congresso

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24º Congresso da SOBRICE

SOBRICE 2021 14 a 16 out

Centro de Convenções Rebouças • São Paulo SP

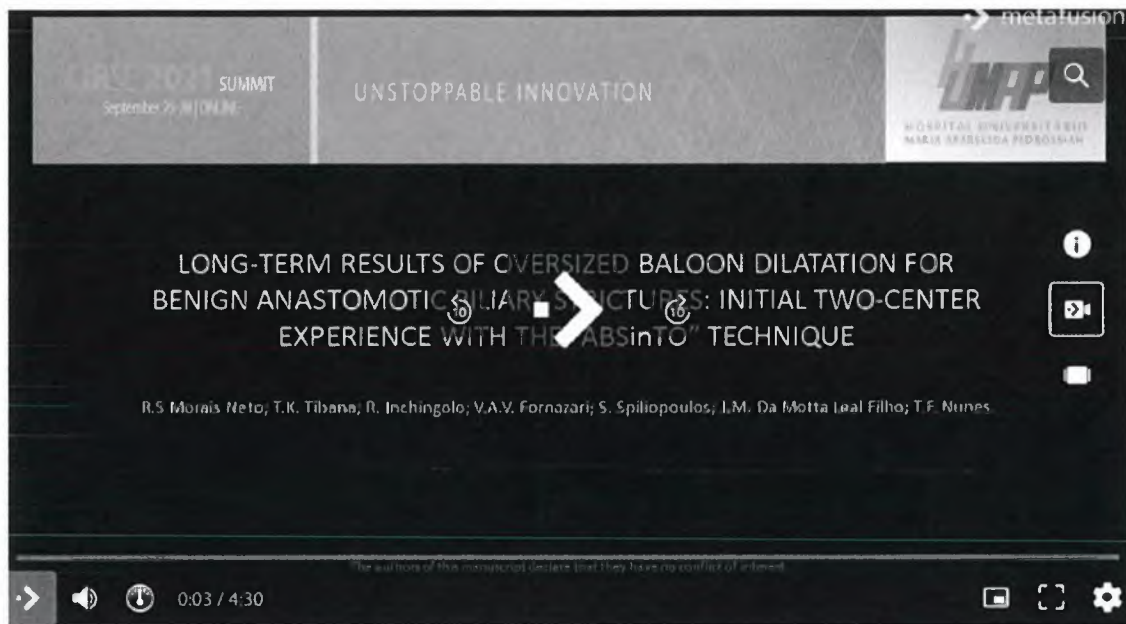
CERTIFICADO

We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as a **speaker** in the session **Embolization of Other Hepatic Lesions**, presenting the topic "**Benign Hepatic Nodules: When to Treat?**", held during the **24th Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery**, which took place from October 14 to 16, 2021, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Joaquim Mauricio da Motta Leal Filho
Presidente da SOBRICE

Lucas Monsignore
Presidente do Congresso

sobrice



Poster

Long-term results of oversized balloon dilatation for benign anastomotic biliary strictures: initial two-center experience with the "ABSinTO" technique

Long-term results of oversized balloon dilatation for benign anastomotic biliary strictures: initial two-center experience with the "ABSinTO" technique

<https://library.cirse.org/cirse2021/crs/long-term-results-of-oversized-balloon-dilatation-for-benign-anastomotic-biliary-strictures-initial-two-center-experience-with-the-absinto-technique>

CIRSE 2021 - PRESENTATION POSTER

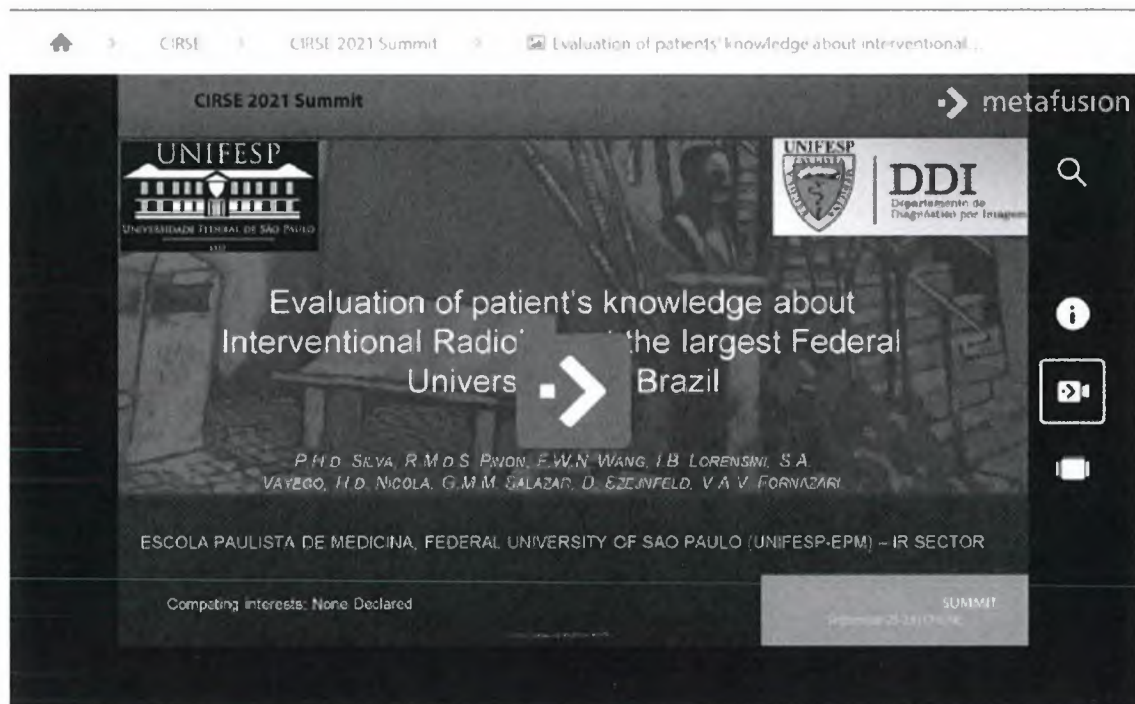


Poster

Percutaneous transhepatic placement of plastic biliary stents: technical description and preliminary results

Percutaneous transhepatic placement of plastic biliary stents: technical description and preliminary results

<https://library.cirse.org/cirse2021/crs/percutaneous-transhepatic-placement-of-plastic-biliary-stents-technical-description-and-preliminary-results>



Poster

Evaluation of patients' knowledge about interventional radiology at the largest federal university from Brazil

by V. Fornazari

Evaluation of patients' knowledge about interventional radiology at the largest federal university from Brazil

<https://library.cirse.org/cirse2021/crs/evaluation-of-patients-knowledge-about-interventional-radiology-at-the-largest-federal-university-from-brazil>

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Diagnóstico e
Terapêutico

Ultrasound-guided salivary glands injection of
botulinum toxin-A: interventional approach for
treating sialorrhea

F. W. N. WANG¹, L. ROSTOM¹, A. T. KOCHI¹, D. SZEJNFELD¹, V. FORNAZARI¹, I. M. FERRARESI¹, B. D. PACHECO¹, L. A. K. MATUDA¹, P. H. D. SILVA¹, D. M. FERREIRA¹, D. D. D. S. PORTO¹, H. A. S. CASTRO¹

¹ ESCOLA PAULISTA DE MEDICINA, FEDERAL UNIVERSITY OF SAO PAULO (UNIFESP-EPM) – IR sector

Competing interests: None Declared

0:01 / 5:30

Poster

**Ultrasound-guided salivary glands injection of botulinum toxin-A:
interventional approach for treating sialorrhea**

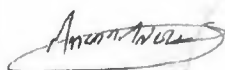
Ultrasound-guided salivary glands injection of botulinum toxin-A: interventional approach for treating sialorrhea

<https://library.cirse.org/cirse2020/crs/ultrasound-guided-salivary-glands-injection-of-botulinum-toxin-a-interventional-approach-for-treating-sialorrhea>

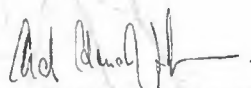
**SOBRICE
2020****29, 30 e 31 OUT • ON-LINE**

INOVAÇÃO • FOCO NO PACIENTE

We hereby certify that Vinícius Adami Vayego Fornazari participated as a Speaker in the session **Biliary Tract**, presenting the topic "**Cholangio Biopsy: Techniques and Indications**", during the **23rd Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE)**, held online from October 29 to 31, 2020.



Marcos Menezes
Presidente da SOBRICE
Biênio 2019-2020



Charles Edouard Zurstrassen
Presidente da Comissão Científica
do Congresso SOBRICE 2020


SOBRICE2019



**22º CONGRESSO DA SOCIEDADE BRASILEIRA DE RADIOLOGIA
INTERVENZIONISTA E CIRURGIA ENDOVASCULAR**

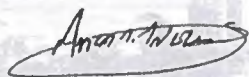
8 A 10 AGOSTO

CENTRO DE CONVENÇÕES REBOUÇAS

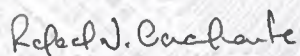
São Paulo-SP

CERTIFICADO

We hereby certify that Vinicius Adami Vayego Fornazari participated as a **Speaker** in the session **Embolization 3: Women's Health**, presenting the topic "Impact of Uterine Embolization on Myometrial Contractility", held during the **22nd Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery**, which took place from August 8 to 10, 2019, at the Rebouças Convention Center, São Paulo, SP, Brazil.



Marcos Menezes
Presidente da SOBRICE
Biênio 2019-2020



Rafael Noronha Cavalcante
Presidente da Comissão Científica
SOBRICE 2019



SOBRICE

Exhibit “3”

Evidence of
Dr. Adami Vayego
Fornazari’s Participation,
either Individually or on a
Panel, as the Judge of the
Work of Others in the
Same or an Allied
Academic Field

Role as an Editor

Neuroendocrine

Section Editor

Belarmino Gonçalves, *Porto/PT*

Gonçalo Almeida, *Baden/CH*

Vinicius Fornazari, *Jacksonville, FL/US*

Thiago Nunes, *Sao Paulo/BR*

Philipp Paprottka, *Munich/DE*

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<https://www.cvironcology.org/about-2/editorial-board/>

My Review History - Vinicius Adami Vayego Fornazari, PhD

[Close](#)

Current Review Statistics

Date Last Agreed	Reviews in Progress	Outstanding Invitations
10 Oct 2025	0	0

Historical Reviewer Invitation Statistics

Total Invitations	Agreed to Review	Declined to Review	Un-invited Before Agreeing to Review	Review Cancelled Before Agreeing to Review
25	15	0	10	0

Historical Reviewer Performance Summary

Total Completed Reviews	Submitted on Time	Submitted Late	Un-assigned After Agreeing to Review	Review Cancelled After Agreeing to Review	Date Last Review Completed
12	6	6	3	0	27 Oct 2025

Historical Reviewer Averages

Days to Respond to Invitation	Days to Complete Review	Days Late	# of Reminders
2	14	0	3

Reviewer Recommendation Summary

Accept:	4
Major Revisions:	3
Minor Revisions:	3
Reject:	2

Completed Reviews

MS Number	Date Invited	Date Agreed	Date Completed	Days Late	# of Reminders	Recommendation
CVIR-D-19-00871	23 Oct 2019	27 Oct 2019	10 Nov 2019	0	3	Accept
CVIR-D-19-00989	21 Dec 2019	24 Dec 2019	06 Jan 2020	0	2	Minor Revisions
CVIR-D-20-00174	01 Apr 2020	01 Apr 2020	08 Apr 2020	0	6	Reject
CVIR-D-20-00554	03 Jun 2020	08 Jun 2020	25 Jun 2020	3	6	Accept
CVIR-D-20-00778	11 Sep 2020	14 Sep 2020	29 Sep 2020	1	3	Major Revisions

CVIR-D-20-01403	31 Dec 2020	02 Jan 2021	19 Jan 2021	3	5	Major Revisions
CVIR-D-21-00159	24 Feb 2021	25 Feb 2021	15 Mar 2021	0	4	Accept
CVIR-D-21-00748	06 Oct 2021	08 Oct 2021	30 Oct 2021	0	6	Accept
CVIR-D-21-00768	22 Sep 2021	24 Sep 2021	10 Oct 2021	2	4	Minor Revisions
CVIR-D-24-00749	13 Aug 2024	15 Aug 2024	02 Sep 2024	4	8	Reject
CVIR-D-25-00858	08 Aug 2025	10 Aug 2025	14 Aug 2025	0	1	Major Revisions
CVIR-D-25-01179	07 Oct 2025	10 Oct 2025	27 Oct 2025	3	5	Minor Revisions

Un-invited Before Agreeing to Review

MS Number	Date Invited	Date Un-invited
CVIR-D-21-00488	19 Jun 2021	23 Jun 2021
CVIR-D-22-00430	13 Jun 2022	17 Jun 2022
CVIR-D-22-00447	13 Jul 2022	17 Jul 2022
CVIR-D-22-00844	05 Jan 2023	09 Jan 2023
CVIR-D-23-00229	24 Apr 2023	28 Apr 2023
CVIR-D-23-00360	19 Jun 2023	23 Jun 2023
CVIR-D-23-00770	26 Sep 2023	30 Sep 2023
CVIR-D-24-00185	16 Mar 2024	20 Mar 2024
CVIR-D-24-00451	19 May 2024	23 May 2024
CVIR-D-24-01156	23 Dec 2024	27 Dec 2024

Un-assigned After Agreeing to Review

MS Number	Date Invited	Date Un-assigned
CVIR-D-20-01235	29 Oct 2020	20 Nov 2020
CVIR-D-21-00280	03 Apr 2021	25 Apr 2021
CVIR-D-21-00601	01 Dec 2021	20 Dec 2021

Close

Role on a Panel/Committee

28º CONGRESSO
sobrice
2025



CONECTANDO
TECNOLOGIA
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REALIZAÇÃO:
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CERTIFICADO

We hereby certify that Vinícius Adami Vayego Fornazari served as Director of the Department of Pain and Palliative Care in the SOBRICE Board of Directors for the 2025–2026 term.

Rubens Pierry Ferreira Lopes

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

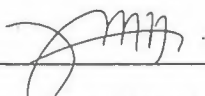
November 06th, 2025.

Member of Board Certification in Interventional Radiology and Angioradiology

This document certifies that Vinicius Adami Vayego Fornazari has participated as an active member of the examination boards for the practical title examination in Interventional Radiology and Angioradiology, organized by the Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE) and the Brazilian College of Radiology and Diagnostic Imaging (CBR), from 2017 to the present year.

The practical examinations assess candidates technical and decision-making skills through simulated clinical cases.

Dr. Fornazari has also contributed to the preparation and review of theoretical examinations related to these titles.



Lucas Moretti Monsignore, MD

President – Executive Committee – SOBRICE 2025-2026



Fernanda Uchiyama, MD

Secretary - Executive Committee – SOBRICE 2025-2026



26 A 28
JUNHO 2025

Congresso
Brasileiro de Dor
SOBAMID
WTC - SÃO PAULO / SP

Organização



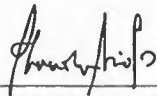
CERTIFICADO

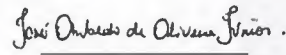
We certify that

VINICIUS ADAMI VAYEGO FORNAZARI

*attended the 8º Brazilian Pain Congress– SOBAMID 2025, held on June 26 to 28, 2025,
in the WTC - São Paulo – SP, served as **PRESIDENT** in the session: SOC. BRAS.
RADIOLOGIA INTERVENCIONISTA E CIRURGIA ENDOVASCULAR (SOBRICE).*

São Paulo, 28 de junho de 2025.


ALEXANDRE MIO PÓS
Presidente SOBAMID


JOSÉ OSWALDO DE OLIVEIRA JÚNIOR
Vice-presidente SOBAMID



26 A 28
JUNHO 2025

Congresso
Brasileiro de Dor
SOBAMID
WTC - SÃO PAULO / SP

Organização



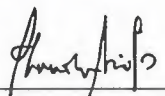
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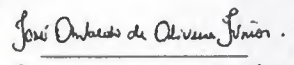
We certify that

VINICIUS ADAMI VAYEGO FORNAZARI

attended the 8º Brazilian Pain Congress– SOBAMID 2025, held on June 26 to 28, 2025, in the WTC - São Paulo – SP, served as MODERATOR in the session: SOC. BRAS. RADIOLOGIA INTERVENCIONISTA E CIRURGIA ENDOVASCULAR (SOBRICE).

São Paulo, 28 de junho de 2025.


ALEXANDRE MIO PÓS
Presidente SOBAMID


JOSÉ OSWALDO DE OLIVEIRA JÚNIOR
Vice-presidente SOBAMID

28º CONGRESSO
sobrice
2025



CONECTANDO
TECNOLOGIA
E CUIDADO
AO PACIENTE

REALIZAÇÃO:
sobrice

CERTIFICADO

We hereby certify that Vinícius Adami Vayego Fornazari served as a member of the Scientific Committee of the 28th Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery (SOBRICE), held in 2025.

Rubens Pierry Ferreira Lopes

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

sobrice
2024



O MAIOR EVENTO
DE RADIOLOGIA
INTERVENCIONISTA
E CIRURGIA
ENDOVASCULAR DA
AMÉRICA LATINA

REALIZAÇÃO
sobrice

CERTIFICADO

We hereby certify that Vinicius Adami Vayego Fornazari served as a member of the Scientific Committee for the 27th SOBRICE Congress, held from October 16 to 18, 2024, at the Rebouças Convention Center, São Paulo, SP.

Rodrigo Gobbo
Diretor Científico SOBRICE 2024

Denis Szepfeld
Presidente SOBRICE 2023/2024

sobrice
2024



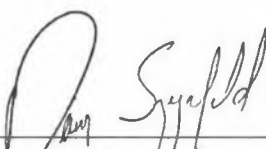
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DE RADIOLOGIA
INTERVENCIONISTA
E CIRURGIA
ENDOVASCULAR DA
AMÉRICA LATINA

REALIZAÇÃO:
sobrice

C E R T I F I C A D O

We hereby certify that Vinícius Adami Vayego Fornazari participated as Moderator in the session **Non-Oncologic Pain**, during the **27th SOBRICE Congress**, held from October 16 to 18, 2024, at the Rebouças Convention Center, São Paulo, SP, Brazil.


Rodrigo Gobbo
Diretor Científico SOBRICE 2024


Denis Szejnfeld
Presidente SOBRICE 2023/2024

28º CONGRESSO
sobrice
2025



CONECTANDO
TECNOLOGIA
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AO PACIENTE

REALIZAÇÃO
sobrice

C E R T I F I C A D O

We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as Moderator in the session **Pain Intervention: Pain Learning Lesson** during the **28th SOBRICE Congress**, held from October 15 to 17, 2025, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

sobrice
2024



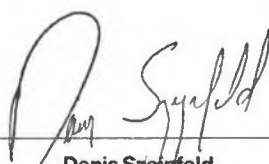
O MAIOR EVENTO
DE RADIOLOGIA
INTERVENCIONISTA
E CIRURGIA
ENDOVASCULAR DA
AMÉRICA LATINA

REALIZAÇÃO:
sobrice

CERTIFICADO

We hereby certify that Vinícius Adami Vayego Fornazari participated as Moderator in the session **Pain Intervention**, during the **27th SOBRICE Congress**, held from October 16 to 18, 2024, at the Rebouças Convention Center, São Paulo, SP, Brazil.


Rodrigo Gobbo
Diretor Científico SOBRICE 2024


Denis Szepfeld
Presidente SOBRICE 2023/2024



Sobrice2023 18-20 OUT

Centro de Convenções Rebouças • São Paulo - SP

Certificado

We hereby certify that Vinícius Adami Vayego Fornazari participated as Chair of the session **Pain Intervention**, held during the **26th SOBRICE Congress**, which took place from October 18 to 20, 2023, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Denis Szejnfeld
Presidente da SOBRICE

José Hugo Mendes Luz
Presidente do Congresso

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Sobrice2023 18-20 OUT

Centro de Convenções Rebouças • São Paulo - SP

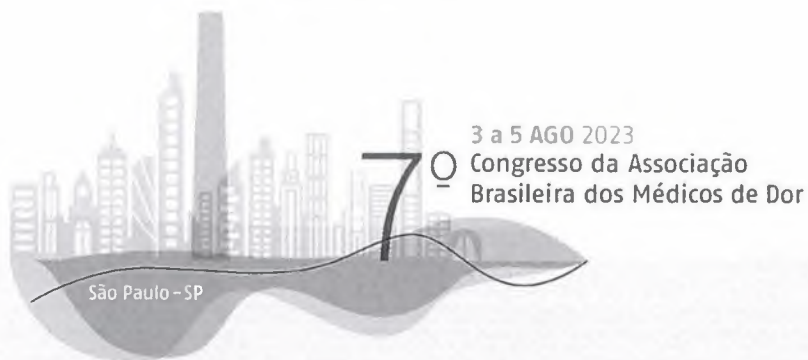
Certificado

We hereby certify that Vinicius Adami Vayego Fornazari served as a member of the Scientific Committee for the 26th SOBRICE Congress, held from October 18 to 20, 2023, at the Rebouças Convention Center, São Paulo, SP.

Denis Szejnfeld
Presidente da SOBRICE

José Hugo Mendes Luz
Presidente do Congresso

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Certificado

We certify that Vinicius Fornazari served as **moderator** in the session **Sociedade Bras. de Radiologia Intervencionista e Cirurgia Endovascular - SOBRICE**, held in the **7º Meeting of SOBRAMID**, from August 03 to 5, 2023 in the Bourbon Ibirapuera Hotel, São Paulo, SP.

José Luiz Campos
Presidente SOBRAMID

Alexandre Mio
Vice-Presidente SOBRAMID



Certificado

CBR22

51º CONGRESSO BRASILEIRO
DE RADIOLOGIA E
DIAGNÓSTICO POR IMAGEM

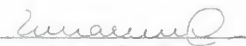


Colégio Brasileiro de Radiologia
e Diagnóstico por Imagem

We declare that VINICIUS ADAMI VAYEGO FORNAZARI
Participated in the CBR22 - 51º Brazilian Congress of Radiology
and Image Diagnostic on the September 01 to 03, 2022, as
Debater in the activity " **Evaluation of Image in the Control
post interventional procedures**" - " **Debate**".

Florianópolis, 3 de setembro de 2022.


Dr. Valdair Francisco Muglia
Presidente do CBR


Dra. Luciana Costa
Diretora Científica do CBR


Dr. Ronaldo Hueb Baroni
Diretor Científico Adjunto do CBR



24º Congresso da SOBRICE

SOBRICE 2021 14 a 16 out

Centro de Convenções Rebouças • São Paulo SP

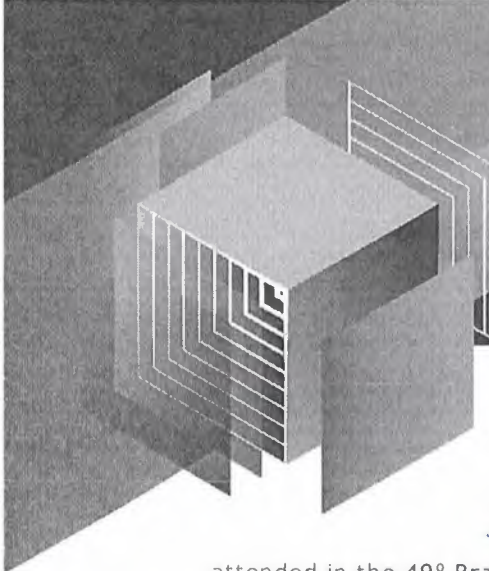
CERTIFICADO

We hereby certify that VINÍCIUS ADAMI VAYEGO FORNAZARI participated as **Chair** of the session **Palliative Care**, held during the **24th Congress of the Brazilian Society of Interventional Radiology and Endovascular Surgery**, which took place from October 14 to 16, 2021, at the Rebouças Convention Center, São Paulo, SP, Brazil.

Joaquim Mauricio da Motta Leal Filho
Presidente da SOBRICE

Lucas Monsignore
Presidente do Congresso

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CBR20 49º CONGRESSO BRASILEIRO
DE RADIOLOGIA E
DIAGNÓSTICO POR IMAGEM

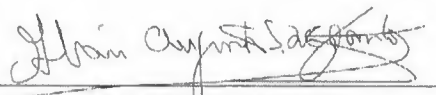
CERTIFICADO

AS NOVAS TEXTURAS

We certify that

VINICIUS ADAMI VAYEGO FORNAZARI

attended in the 49º Brazilian Congress of Radiology, 100% online event, carried out in October 04 to 11, 2020, server as moderador with the theme General ultrasound.



ALAIR SARMET SANTOS

Presidente do Colégio Brasileiro de
Radiologia e Diagnóstico por Imagem



VALDAIR MUGLIA

Diretor Científico do Colégio Brasileiro de
Radiologia e Diagnóstico por Imagem

Role as an Ad Hoc Reviewer

My Review History - Vinicius Adami Vayego Fornazari, PhD

[Close](#)

Current Review Statistics

Date Last Agreed	Reviews in Progress	Outstanding Invitations
10 Oct 2025	0	0

Historical Reviewer Invitation Statistics

Total Invitations	Agreed to Review	Declined to Review	Un-invited Before Agreeing to Review	Review Cancelled Before Agreeing to Review
25	15	0	10	0

Historical Reviewer Performance Summary

Total Completed Reviews	Submitted on Time	Submitted Late	Un-assigned After Agreeing to Review	Review Cancelled After Agreeing to Review	Date Last Review Completed
12	6	6	3	0	27 Oct 2025

Historical Reviewer Averages

Days to Respond to Invitation	Days to Complete Review	Days Late	# of Reminders
2	14	0	3

Reviewer Recommendation Summary

Accept:	4
Major Revisions:	3
Minor Revisions:	3
Reject:	2

Completed Reviews

MS Number	Date Invited	Date Agreed	Date Completed	Days Late	# of Reminders	Recommendation
CVIR-D-19-00871	23 Oct 2019	27 Oct 2019	10 Nov 2019	0	3	Accept
CVIR-D-19-00989	21 Dec 2019	24 Dec 2019	06 Jan 2020	0	2	Minor Revisions
CVIR-D-20-00174	01 Apr 2020	01 Apr 2020	08 Apr 2020	0	6	Reject
CVIR-D-20-00554	03 Jun 2020	08 Jun 2020	25 Jun 2020	3	6	Accept
CVIR-D-20-00778	11 Sep 2020	14 Sep 2020	29 Sep 2020	1	3	Major Revisions

CVIR-D-20-01403	31 Dec 2020	02 Jan 2021	19 Jan 2021	3	5	Major Revisions
CVIR-D-21-00159	24 Feb 2021	25 Feb 2021	15 Mar 2021	0	4	Accept
CVIR-D-21-00748	06 Oct 2021	08 Oct 2021	30 Oct 2021	0	6	Accept
CVIR-D-21-00768	22 Sep 2021	24 Sep 2021	10 Oct 2021	2	4	Minor Revisions
CVIR-D-24-00749	13 Aug 2024	15 Aug 2024	02 Sep 2024	4	8	Reject
CVIR-D-25-00858	08 Aug 2025	10 Aug 2025	14 Aug 2025	0	1	Major Revisions
CVIR-D-25-01179	07 Oct 2025	10 Oct 2025	27 Oct 2025	3	5	Minor Revisions

Un-invited Before Agreeing to Review

MS Number	Date Invited	Date Un-invited
CVIR-D-21-00488	19 Jun 2021	23 Jun 2021
CVIR-D-22-00430	13 Jun 2022	17 Jun 2022
CVIR-D-22-00447	13 Jul 2022	17 Jul 2022
CVIR-D-22-00844	05 Jan 2023	09 Jan 2023
CVIR-D-23-00229	24 Apr 2023	28 Apr 2023
CVIR-D-23-00360	19 Jun 2023	23 Jun 2023
CVIR-D-23-00770	26 Sep 2023	30 Sep 2023
CVIR-D-24-00185	16 Mar 2024	20 Mar 2024
CVIR-D-24-00451	19 May 2024	23 May 2024
CVIR-D-24-01156	23 Dec 2024	27 Dec 2024

Un-assigned After Agreeing to Review

MS Number	Date Invited	Date Un-assigned
CVIR-D-20-01235	29 Oct 2020	20 Nov 2020
CVIR-D-21-00280	03 Apr 2021	25 Apr 2021
CVIR-D-21-00601	01 Dec 2021	20 Dec 2021

Close

Exhibit “4”

Published Material in
Professional Publications
Written by Others about
Dr. Adami Vayego
Fornazari’s or his Work in
the Field



Dr. VINICIUS FORNAZARI

Other names ▶

Universidade Federal de São Paulo
(UNIFESP)

radiologia intervencionista
interventional radiology

GET MY OWN PROFILE

	All	Since 2020
Citations	241	185
h-index	9	7
i10-index	8	5

TITLE	CITED BY	YEAR
Percutaneous nephrostomy versus antegrade double-J stent placement in the treatment of malignant obstructive uropathy: a cost-effectiveness analysis from the perspective of the ... TK Tibana, RM Grubert, RFT Santos, VAV Fornazari, AA Domingos, ... Radiologia brasileira 52, 305-311	35	2019
The role of percutaneous transhepatic biliary biopsy in the diagnosis of patients with obstructive jaundice: an initial experience TK Tibana, RM Grubert, VAV Fornazari, FCP Barbosa, B Bacelar, ... Radiologia Brasileira 52 (4), 222-228	31	2019
The value of percutaneous transhepatic treatment of biliary strictures following pediatric liver transplantation L Cardarelli-Leite, VAV Fornazari, RR Peres, AA Salzedas-Neto, ... Radiologia Brasileira 50 (5), 308-313	26	2017
Transcatheter arterial embolization for unresectable symptomatic giant hepatic hemangiomas: single-center experience using a lipiodol-ethanol mixture D Szejnfeld, TF Nunes, VAV Fornazari, CAL Matos, AM Gonzalez, ... Radiologia Brasileira 48, 154-157	25	2015
Impact of uterine contractility on quality of life of women undergoing uterine fibroid embolization VAV Fornazari, GMM Salazar, SA Vayego, TF Nunes, B Goncalves, ... CVIR endovascular 2 (1), 36	12	2019
Percutaneous cholangioscopy for the treatment of choledocholithiasis TK Tibana, RM Grubert, CMDR Silva, VAV Fornazari, TF Nunes Radiologia Brasileira 52 (5), 314-315	12	2019
Interventional radiology and endovascular surgery in the treatment of ectopic pregnancies VAV Fornazari, D Szejnfeld, J Elito, SM Goldman Einstein (Sao Paulo) 13 (1), 167-169	11	2015
What the radiologist should know about the role of interventional radiology in urology TK Tibana, VAV Fornazari, W Gutierrez, E Marchiori, D Szejnfeld, ... Radiologia brasileira 52 (5), 331-336	10	2019
Evaluation of uterine contractility by magnetic resonance imaging in women undergoing embolization of uterine fibroids VAV Fornazari, D Szejnfeld, J Szejnfeld, CE Bonduki, SA Vayego, ...	9	2019

TITLE	CITED BY	YEAR
CardioVascular and Interventional Radiology 42 (2), 186-194		
Long-term results of oversized balloon dilation for benign anastomotic biliary strictures: initial two-center experience TF Nunes, R Inchingolo, R Morais Neto, TK Tibana, VAV Fornazari, ... Radiologia Brasileira 55, 90-96	8	2022
Hemorrhagic complications after percutaneous nephrolithotomy: angiographic diagnosis and management by transcatheter arterial embolization VAV Fornazari, RFT Santos, TF Nunes, R Perrella, TM Freire, FC Vicentini, ... Radiologia Brasileira 53 (6), 390-396	7	2020
Functional magnetic resonance imaging for clinical evaluation of uterine contractility VAV Fornazari, SA Vayego, D Szejnfeld, J Szejnfeld, SM Goldman Einstein (Sao Paulo) 16, eMD3863	6	2018
Elito Junior J, Goldman SM VA Fornazari, D Szejnfeld Interventional radiology and endovascular surgery in the treatment of ...	6	2015
Percutaneous transhepatic placement of plastic biliary stents: technical description and preliminary results TF Nunes, RFT Santos, TK Tibana, TA Domingos, E Marchiori, ... Abdominal Radiology 46 (1), 380-386	5	2021
Endovascular management of massive hemobilia as a late complication of percutaneous biliary drainage in a pediatric liver transplant recipient: a case report D Szejnfeld, VAV Fornazari, AC Imada, MM Linhares, RA Azevedo, ... Transplantation Proceedings 46 (6), 1889-1891	5	2014
Ultrasound-guided Transperineal Prostate Thermal Ablation (TPTA) for Benign Prostatic Hyperplasia: Feasibility of an Outpatient Procedure using Radiofrequency Ablation TF Nunes, RD Rocha, BRW Ilgenfritz, FS Stefanini, VAV Fornazari, ... CardioVascular and Interventional Radiology, 1-12	4	2025
Percutaneous access for the diagnosis of urothelial neoplasms: pictorial essay with anatomopathological correlation TF Nunes, TK Tibana, RFT Santos, BB Faria, VAV Fornazari, E Marchiori Radiologia Brasileira 53 (5), 345-348	4	2020
A Study of Radiation Doses to the Patient and Medical Team at Embolization Procedures AVB Castilho, D Szejnfeld, D Nalli, V Fornazari, AC Moreira, RB Medeiros Journal of Radiation Protection and Research 44 (3), 110-117	4	2019
Challenges of interventional radiology in Brazil! VAV Fornazari, JM da Motta-Leal-Filho Cardiovascular and Interventional Radiology 45 (10), 1570-1571	3	2022

TITLE	CITED BY	YEAR
Extracellular matrix metalloproteinase expression in endometrial tissue after arterial embolization of myomas FL Chazan, T Bonetti, MTV Gomes, VAV Fornazari, MJBC Girão, ... Clinics 76, e2145	3	2021

Emergency upper urinary tract decompression: double-J stent or nephrostomy? A European YAU/ESUT/EULIS/BSIR survey among urologists and radiologists

A Pietropaolo, LM Seoane, AAS Abadia... - World Journal of ..., 2022 - Springer

Purpose To evaluate the decompression of the pelvicalyceal system between urologists and radiologists. **Methods** A survey was distributed to urologists and to radiologists comparing ...

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Transurethral Retrograde Fishing the Double J Urethral Stent: A Tertiary Children Hospital's Experience With a New Technical Strategy

C Yu, C Wei, J Dong, X He, Y Wei, S Wen, T Lin... - Frontiers in ..., 2022 - frontiersin.org

Purpose The purpose of this study is to provide a new strategy for non-cystoscopic double J urethral stent (JJS) removal, the transurethral retrograde fishing the double J urethral stent ...

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Hemorrhagic complications after percutaneous nephrolithotomy: angiographic diagnosis and management by transcatheter arterial embolization

VAV Fornazari, RFT Santos, TF Nunes... - Radiologia ..., 2020 - SciELO Brasil

Objective: To identify the main hemorrhagic complications after percutaneous nephrolithotomy, as well as the results obtained with transcatheter arterial embolization ...

☆ Save Cite Cited by 7 Related articles All 16 versions

Predictors of time-to-nadir serum creatinine after drainage of bilaterally obstructed kidneys due to bladder cancer

RA Gadolkareem, AM Abdelraouf, AI Ahmed... - Current ..., 2023 - journals.lww.com

Background There are persistent controversies about the outcomes and benefits of drainage of malignant ureteral obstruction by percutaneous nephrostomy (PCN). This study aimed to ...

☆ Save Cite Cited by 2 Related articles All 6 versions

Percutaneous insertion of bilateral double J in pelvic cancer patients: Indications, complications, technique of antegrade ureteral stenting

TF de Oliveira Leite, LV Pazinato... - Gynecologic Oncology ..., 2021 - Elsevier

Background Antegrade percutaneous insertion of a double J seems to be a good alternative when retrograde insertion fails. Malignant ureteral obstruction occurs due to occlusion of the ...

☆ Save Cite Cited by 3 Related articles All 6 versions

Obstructive Uropathy with Uremia due to Advanced Cervical Cancer

HR Ibarra-Sifuentes, GA Canales-Azcona... - Indian Journal of ..., 2023 - Springer

Purpose Cervical cancer is a worldwide public health problem because of its high mortality rate in women with a particularly high burden in many low-income and middle-income ...

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Patterns of Utilization and Outcomes of Perioperative Chemotherapy in Patients With Locally Advanced-urothelial Bladder Cancer (LABC)-Real World Data From an ...

S Saravanabavan, GJ Prakash, A Joshi, M Pal... - Clinical Genitourinary ..., 2023 - Elsevier

Aim Optimal utilization of perioperative systemic therapy in locally advanced bladder cancer (LABC) holds the key in improving the survival outcomes. We aim to analyze the oncological ...

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Modified technique for double J stent removal

TF Nunes, TK Tibana, RFT Santos... - Radiologia Brasileira, 2021 - SciELO Brasil

after which it is retracted in such a way that the circumferential wrapping of the DJ stent by the hydrophilic guidewire is maintained. A 0.014"× 300 cm guidewire is doubled and ...

☆ Save Cite Cited by 1 Related articles All 11 versions

Desfecho clínico-cirúrgico da permanência equivocada de cateter duplo J: um relato de caso

WQ Muniz, EJC Queiroz... - ... Journal of Health ..., 2020 - ojs.brazilianjournals.com.br

A inserção cistoscópica de cateteres é uma técnica que viabiliza a permeabilidade do trato urinário diante de situações de obstrução, decorrente de manipulação no ureter. Ela baseia ...

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âãððîíèõ ïî÷ ââûõ ïòòãé

АА Федоров, ОВ Золотухин, ЮЮ Мадькин... - esuro.ru

Conclusions. □ e obtained results should be taken into account to deepen the fundamental pathogenetic ideas about the development of azotemia under the impact of obstruction of ...

☆ Save  Cite Related articles All 2 versions 

The role of percutaneous transhepatic biliary biopsy in the diagnosis of patients with obstructiv...

☐ Search within citing articles

Phase II study of transcatheter arterial chemoembolization (TACE) combined with apatinib for advanced perihilar cholangiocarcinoma

H Li, P Chen, M Zhang, Z Wang, Y Lian, B Wen... - Scientific Reports, 2025 - nature.com

To confirm transcatheter arterial chemoembolization (TACE) combined with apatinib for advanced perihilar cholangiocarcinoma (PCC) is effective and safe. A comprehensive ...

☆ Save  Cite Related articles All 3 versions

R-JaunLab: automatic multi-class recognition of jaundice on photos of subjects with region annotation networks

Z Wang, Y Xiao, F Weng, X Li, D Zhu, F Lu, X Liu... - Journal of Digital ..., 2021 - Springer

Jaundice occurs as a symptom of various diseases, such as hepatitis, the liver cancer, gallbladder or pancreas. Therefore, clinical measurement with special equipment is a ...

☆ Save  Cite Cited by 12 Related articles All 7 versions

Treatment of biliary stenosis using percutaneous transhepatic cholangiobiopsy with biopsy forceps of varying diameter

ZY Wu, DC Jiao, FF Guo, DD Zhang... - ... Imaging in Medicine ..., 2022 - pmc.ncbi.nlm.nih.gov

Background The present study aimed to compare the clinical results and pathological diagnostic quality of percutaneous transhepatic cholangiobiopsy for biliary obstruction using ...

☆ Save  Cite Cited by 12 Related articles All 6 versions

Ultrasound-guided percutaneous renal biopsy at a university hospital: retrospective analysis of success and complication rates

OV Gomes, BAD Almeida, MS Rodrigues... - Radiologia ..., 2021 - SciELO Brasil

Objective: To evaluate the success and complication rates of ultrasound-guided renal biopsy at a tertiary care hospital. Materials and Methods: This was a retrospective analysis of 97 ...

☆ Save  Cite Cited by 5 Related articles All 16 versions 

Use of the LI-RADS classification in patients with cirrhosis due to infection with hepatitis B, C, or D, or infected with hepatitis B and D

RCR Pereira, CAM Heming, TR Tejo... - Radiologia ..., 2019 - SciELO Brasil

Objective: To evaluate liver lesions, in accordance with the LI-RADS classification, using contrast-enhanced multiphase dynamic computed tomography in patients with hepatitis B ...

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Antegrade Endobiliary Forceps Biopsy Improves Diagnosis of Klatskin Tumor Compared to Brush Biopsy

AV Kozlov, PG Tarazov, AA Polikarpov... - Russian Journal of ..., 2022 - gastro-j.ru

Aim. To evaluate the safety and accuracy of percutaneous transhepatic biliary biopsy in patients with suspected Klatskin tumor. Materials and methods. Between 2013–2020 ...

☆ Save  Cite Cited by 3 Related articles 

Антеградная эндобилиарная щипцовая биопсия улучшает диагностику опухоли Клацкина по сравнению с браш-биопсией

АВ Козлов, ПГ Таразов, АА Поликарпов... - Российский журнал ..., 2022 - gastro-j.ru

Antegrade Endobiliary Forceps Biopsy Improves Diagnosis of Klatskin Tumor Compared to Brush Biopsy Page 1 45 Original articles / Оригинальные исследования www.gastro-j.ru Рос журн ...

☆ Save  Cite Cited by 5 Related articles All 5 versions 

Impact of cholestasis on the sensitivity of percutaneous transluminal forceps biopsy in 93 patients with suspected malignant biliary stricture

AS Oggero, F Di Rocco, PE Huespe, E Mullen... - CardioVascular and ..., 2021 - Springer

Purpose The aim of this study was to determine the effect of hyperbilirubinemia in the sensitivity of percutaneous transluminal forceps biopsy (PTFB) in patients with suspected ...

☆ Save  Cite Cited by 3 Related articles All 4 versions

Biliary involvement in liver metastases: long-term experience with biliary biopsy from a single center

R Inchingolo, M Nestola, TF Nunes... - Radiologia ..., 2021 - SciELO Brasil

Objective: To investigate long-term results of biliary biopsy performed with transluminal forceps in the setting of metastatic biliary involvement. **Materials and Methods:** Between ...

☆ Save  Cite Cited by 3 Related articles All 19 versions 

Percutaneous solutions for biliary stent dysfunction: pictorial essay

TF Nunes, TK Tibana, GHV Andrade... - Radiologia ..., 2021 - SciELO Brasil

Plastic and metal biliary stents can fail to function properly, such failure being due to a positioning error or to the migration, occlusion, or fracture of the stent. An obstructed biliary ...

☆ Save  Cite Cited by 6 Related articles All 16 versions 

Percutaneous transhepatic cholangiography and drainage for biliary strictures after pediatric liver transplantation

J Seisenbacher, AM Kavallar... - Journal of Pediatric ..., 2025 - Wiley Online Library

Objectives Biliary strictures (BS) remain frequent after pediatric liver transplantation (pLT) and best management practices are still lacking. This study systematically assesses efficacy ...

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Long-term outcome of combined radiologic and surgical strategy for the management of biliary complications after pediatric liver transplantation

AM Calinescu, S Monluc, S Franchi-Abella... - BMC Research ..., 2024 - Springer

Objectives We aimed to analyze the risk factors for management failure of BC after pediatric liver transplantation (pLT) by retrospectively analyzing primary pLT performed between ...

☆ Save Cite Cited by 4 Related articles All 9 versions

Non-operative management of biliary complications after liver transplantation in pediatric patients: a 30-year experience

AY Lee, ED Lehrman, ER Perito... - Pediatric ..., 2021 - Wiley Online Library

Background To evaluate the efficacy of percutaneous and endoscopic therapeutic interventions for biliary strictures and leaks following LT in children. **Methods** Retrospective ...

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Fat-containing liver lesions: a pictorial review

DB Parente, JA Oliveira, ALE Araújo... - Radiologia ..., 2018 - SciELO Brasil

The aim of this pictorial essay is to review the spectrum of fat-containing liver lesions and their characterisation on magnetic resonance imaging with focus on the radiological features ...

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The role of percutaneous transhepatic biliary biopsy in the diagnosis of patients with obstructive jaundice: an initial experience

TK Tibana, RM Grubert, VAV Fornazari... - Radiologia ..., 2019 - SciELO Brasil

Objective: To evaluate the accuracy of percutaneous transhepatic biliary biopsy (PTBB) in patients with suspected biliary obstruction. **Materials and methods:** This was a retrospective ...

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What the radiologist should know about the role of interventional radiology in urology

TK Tibana, VAV Fornazari, W Gutierrez... - Radiologia ..., 2019 - SciELO Brasil

Interventional radiology has been constantly developing in terms of the techniques, materials, and methods of intervention. It interacts with all areas of medicine, always with the ...

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Long-term outcome of percutaneous transhepatic biliary drainage for biliary strictures following pediatric liver transplantation

Y Sanada, T Katano, Y Hirata, N Yamada... - Clinical ..., 2019 - Wiley Online Library

Background We present a retrospective analysis of our experience with pediatric liver transplantation (LT), focusing on the long-term outcome of percutaneous transhepatic biliary ...

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Percutaneous transhepatic cholangiobiopsy

TF Nunes, TK Tibana, RFT Santos, BB Faria... - Radiologia ..., 2019 - SciELO Brasil

Most tumors of the biliary tract are too small to have specific imaging characteristics or for percutaneous puncture to provide sufficient material for diagnosis. Percutaneous ...

☆ Save Cite Cited by 18 Related articles All 18 versions

Improved Outcomes from Prolonged Percutaneous Biliary Drainage in Pediatric Patients with Biliary Stenosis after Liver Transplantation

C Frnstahl, E Can, S Hammer, M Doppler... - Journal of Vascular and ..., 2025 - Elsevier

Abstract Purpose Biliary complications affect 15–40% of pediatric liver transplants (pLT), with biliary strictures (BS) occurring in 5–23%. Roux-en-Y hepaticojejunostomy is the ...

☆ Save  Cite Related articles All 3 versions

Computed tomography-guided preoperative localization of musculoskeletal lesions using the ROLL technique

CJ Tyng, PNVP Barbosa, AGV Bitencourt... - Radiologia ..., 2018 - SciELO Brasil

Objective: To describe the preoperative localization of musculoskeletal lesions with the radioguided occult lesion localization (ROLL) technique. Materials and Methods: In all ...

☆ Save  Cite Cited by 8 Related articles All 17 versions 

RESEARCH FIELDS	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	ALL YEARS
ALL FIELDS												
0.01%	2,494	2,190	2,023	1,808	1,561	1,311	1,364	661	330	114	23	1,497
0.10%	802	729	677	621	546	439	410	233	123	46	8	480
1.00%	235	220	203	192	173	145	125	83	45	17	3	144
10.00%	61	58	54	51	46	40	33	23	13	5	1	36
20.00%	37	35	33	31	29	25	20	14	8	3	1	21
50.00%	14	14	13	12	11	10	8	6	3	1	1	7
AGRICULTURAL SCIENCES												
0.01%	873	1,126	870	966	772	542	473	417	147	47	9	637
0.10%	452	425	374	369	321	254	230	144	67	27	5	284
1.00%	173	168	150	145	133	116	98	66	34	13	2	112
10.00%	57	56	52	48	47	41	33	25	13	5	1	35
20.00%	36	35	33	31	30	27	22	16	9	3	1	21
50.00%	14	14	13	12	12	11	9	7	4	1	1	7
BIOLOGY & BIOCHEMISTRY												
0.01%	4,437	6,397	3,670	3,226	2,864	2,632	1,494	1,940	470	97	12	2,766
0.10%	1,108	1,013	899	782	674	668	470	250	112	41	6	629
1.00%	285	254	238	215	193	169	136	84	43	16	3	169
10.00%	73	67	62	59	55	47	38	26	14	5	1	44
20.00%	46	42	39	37	34	30	24	16	9	3	1	26
50.00%	19	17	16	16	15	13	10	7	4	1	1	9
CHEMISTRY												
0.01%	2,680	2,224	1,849	1,562	1,333	1,197	918	516	292	97	14	1,472
0.10%	944	872	733	670	582	484	403	244	137	51	6	541
1.00%	258	253	221	212	192	166	139	96	53	20	3	162
10.00%	66	63	59	57	53	46	38	28	16	6	1	42
20.00%	41	39	37	35	33	29	24	17	10	4	1	25
50.00%	16	16	15	14	13	12	10	7	4	2	1	8
CLINICAL MEDICINE												
0.01%	2,777	3,167	2,605	2,635	2,550	1,885	2,284	1,004	537	154	25	1,907
0.10%	830	784	728	733	621	492	578	286	142	49	8	538
1.00%	222	216	203	190	167	137	126	75	38	14	3	141
10.00%	59	55	50	47	41	35	28	18	10	4	1	33
20.00%	36	34	31	29	25	22	17	11	6	2	1	19
50.00%	14	13	12	12	10	9	7	5	3	1	1	6
COMPUTER SCIENCE												
0.01%	2,740	2,625	2,679	4,166	1,170	2,809	1,490	775	311	139	59	1,474
0.10%	847	557	559	623	501	458	359	214	121	52	17	402
1.00%	188	168	167	175	161	147	132	87	46	19	4	123
10.00%	41	42	41	41	41	37	34	25	13	5	1	29
20.00%	23	24	23	23	23	21	19	15	8	3	1	15
50.00%	7	7	8	8	8	7	7	5	3	1	1	4
ECONOMICS & BUSINESS												
0.01%	1,321	2,091	1,423	987	937	691	822	860	413	99	243	1,019
0.10%	699	585	535	514	400	318	334	220	120	46	14	391
1.00%	230	203	187	175	147	124	112	80	44	16	3	131

Exhibit “5”

Documentation of
Dr. Adami Vayego
Fornazari’s Receipt of
Major Prizes, Awards, or
Grants for his Outstanding
Achievements in the
Academic Field

28º CONGRESSO
sobrice
2025



CONECTANDO
TECNOLOGIA
E CUIDADO
AO PACIENTE

REALIZAÇÃO:
sobrice

CERTIFICADO

We hereby certify that the abstract **PT.134, "10 Months of Pain, 10 Minutes of Relief: Ultrasound Diagnosis and Femoral Nerve Block in Post-Surgical Neuralgia"** authored by Silva Junior PP, Fornazari VAV, Gimenes JVM, Araujo Neto JA, Leite LSG, and Abe DG, was awarded Best Paper in the "Non-Oncologic Percutaneous Intervention" category at the **28th SOBRICE Congress**, held from October 15 to 17, 2025, at the Rebouças Convention Center, São Paulo, SP.

Rubens Pierry Ferreira Lopes
Presidente - Comissão Científica

Guilherme Lopes Pinheiro Martins
Presidente - Comissão Organizadora

Lucas Moretti Monsignore
Presidente - Sobrice 2025-2026

sobrice
2024



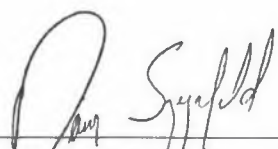
O MAIOR EVENTO
DE RADIOLOGIA
INTERVENCIONISTA
E CIRURGIA
ENDOVASCULAR DA
AMÉRICA LATINA

REALIZAÇÃO:
sobrice

C E R T I F I C A D O

We hereby certify that the work **CO.04, "Superior Hypogastric Plexus Block (SHPB) for post-uterine fibroid embolization (UFE) pain control: a non-blinded quasi-randomized clinical trial,"** authored by Silva PH, Mendes GBT, Wang FWN, Gomes ER, Matuda LAK, Freira LF, Rocha CA, Puchnick A, Fornazari VAV, and Szejnfeld D, and presented as an ORAL PRESENTATION by Priscila Henriques da Silva, received 2nd place in the Clinical Study / Experimental Study category during the **27th SOBRICE Congress**, held from October 16 to 18, 2024, at the Rebouças Convention Center, São Paulo, SP.


Rodrigo Gobbo
Diretor Científico SOBRICE 2024


Denis Szejnfeld
Presidente SOBRICE 2023/2024



PAPER SUBMISSION

Deadline: August 8, 2022

1. GENERAL CATEGORIES

Poster Categories:

- medical doctors
- multidisciplinary team (nursing, nutrition, occupational therapy, pharmacy, radiology technicians)

Scientific Area:

- endovascular
- oncology
- embolization
- percutaneous
- neuroradiology
- multidisciplinary

Study Type:

- case report / case series
 - medical imaging case study
 - clinical trial / experimental study
-

2. SUBMISSION GUIDELINES

1. Papers must be submitted in Word-compatible format and be double-space typed in size 12 Arial font.
2. Each submitted abstract must have 02 (two) distinct files, both in compatible Word format, which will be sent in the submission system: the first file will be the title page, where the full title, authors, corresponding author, institution and compliance rules will be described (see model available in the submission area); and the second file will be the abstract with references and images/figures/tables, emphasizing the obligation of this file not to contain any information that allows identifying the authors or institution;
3. Maximum 10 authors per paper.
4. The text of the submitted abstract should not contain the names of the authors, the institution or any other data that allows the identification of the authors/institution of the work. If this rule is not obeyed, the paper will be definitively excluded from the evaluation;
5. The author submitting the paper must be registered for the event. It is not necessary to pay at the time of registration. This can be done after your abstract is accepted;

6. Papers must be structured as follows:

Case Report, Case Series and Medical Imaging Case Study (each item below will be assigned points):

- Introduction
- Objective
- Case report
- Discussion
- Conclusion

Clinical Trial and Experimental Study (each item below will be assigned points):

- Introduction
- Objective
- Materials and Methods
- Results
- Discussion
- Conclusion

7. Papers must observe the following word counts:

- Case Reports / Case Series: 500 words and 6 tables/figures;
- Medical Imaging Case Study: 500 words and 12 tables/figures;
- Clinical Trial / Experimental Study: 1,000 words and 6 tables/figures.

8. All approved papers will be presented on an electronic platform during the event. Thus, they should be formatted as an electronic poster, and also as a Powerpoint presentation, the latter containing a maximum of 5 slides, distributed according to the structure of the abstract, plus up to 6 tables or figures for Case Report / Case Series / Clinical Study / Experimental Study and up to 12 tables or figures for Pictorial Essays. Optionally, an audiovisual file with the recorded presentation may be provided, which will also be available for viewing on the same platform (more information will be provided by email in due course for the approved papers).

3. EVALUATION GUIDELINES

1. Each submitted abstract will be evaluated separately by 05 (five) interventional radiologists, all members of Sobrice. For the purpose of calculating the final score of this stage, a simple average of the 03 (three) intermediary scores will be used, that is, the highest and the lowest scores will be disregarded for the calculation. The grade for this first evaluation phase will correspond to 60% of the final grade;
2. The 6 (six) works with the best evaluations of the categories Clinical Study / Experimental Study and the 4 (four) works with the best evaluations of the categories Case Report / Case Series / Medical Imaging Case Study, will be classified for oral presentation with maximum duration of up to 6 (six) minutes - time that must be strictly observed - which will be held on Saturday, October 15, 2022;
3. During the oral presentation, the works will undergo a new round of evaluation by a panel of interventionist radiologists, all of them full members of Sobrice. The grade of this evaluation phase will correspond to 40% of the final grade;
4. The 03 (three) best papers of the Clinical Study / Experimental Study categories and the 02 (two) best papers of the Case Report / Case Series / Medical Imaging Case Study categories will be awarded by Sobrice.

4. HOW TO SUBMIT YOUR SCIENTIFIC PAPERS

Submit Your Abstract

1. Go to ci.eventus.com.br/sobrice2022
2. Register or go to your account (if you've already registered). You do not need to pay when you register. You may pay once it is announced that your abstract has been accepted.
3. Click on the "Abstract / Scientific Papers" menu then choose "Submit new abstract";
4. Follow the on-screen instructions and fill in all the form fields. All selected papers will then be presented in poster format. Remember to follow the mandatory category format / structure.
5. To complete your abstract submission, click "Next step", review your responses and click "Confirm submission";
6. You may make changes to your abstract up to the submission deadline: **August 8, 2022.**

REALIZATION



SUPPORT





CBR20 49º CONGRESSO BRASILEIRO
DE RADIOLOGIA E
DIAGNÓSTICO POR IMAGEM

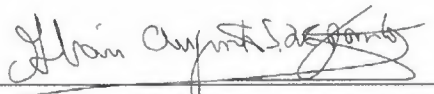
CERTIFICADO

AS NOVAS TEXTURAS

We certify that

VINICIUS ADAMI VAYEGO FORNAZARI

attended in the 49º Brazilian Congress of Radiology, 100% online event, carried out in October 04 to 11, 2020, server as moderador with the theme General ultrasound.



ALAIR SARMET SANTOS

Presidente do Colégio Brasileiro de
Radiologia e Diagnóstico por Imagem



VALDAIR MUGLIA

Diretor Científico do Colégio Brasileiro de
Radiologia e Diagnóstico por Imagem

Exhibit “6”

Documentation that Dr.
Adami Vayego Fornazari
is being Paid a High
Salary or other
Remuneration for his
Services

Search Criteria

SOC Code	29-1224.00
Data Series	7/2025 - 6/2026
Collection	ACWIA Higher Ed.
State	FLORIDA
Area Type	County/ Township
Area Selected	DUVAL COUNTY - Jacksonville, FL

Search Results

Geo Level	4
SOC Code	<u>29-1224</u>
SOC Title	<u>Radiologists</u>

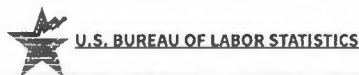
Wage Level	Hourly	Yearly
I	\$32.82	\$68,266.00
II	\$67.10	\$139,568.00
III	\$101.38	\$210,870.00
<u>IV</u>	\$135.66	<u>\$282,173.00</u>
MEAN (H-2B)	\$101.72	\$211,578.00

O*NET Occupations Using this Wage

SOC Code/
Title 29-1224.00 Radiologists

SOC
Description Diagnose and treat diseases and injuries using medical imaging techniques, such as x rays, magnetic resonance imaging (MRI), nuclear medicine, and ultrasounds. May perform minimally invasive medical procedures and tests.

Education Level	Doctorate (Ph.D)
Job Zone	5



Occupational Employment and Wage Statistics

Search Occupational Statistics

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Occupational Employment and Wages, May 2023

29-1224 Radiologists

Diagnose and treat diseases and injuries using medical imaging techniques, such as x rays, magnetic resonance imaging (MRI), nuclear medicine, and ultrasounds. May perform minimally invasive medical procedures and tests.

[National estimates for Radiologists](#)

[Industry profile for Radiologists](#)

[Geographic profile for Radiologists](#)

National estimates for Radiologists:

Employment estimate and mean wage estimates for Radiologists:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
31,960	5.2 %	\$ 170.17	\$ 353,960	4.1 %

Percentile wage estimates for Radiologists:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	\$ 38.34	\$ 99.25	(5)	(5)	(5)
Annual Wage (2)	\$ 79,760	\$ 206,430	(5)	(5)	(5)

Industry profile for Radiologists:

Industries with the highest published employment and wages for Radiologists are provided. For a list of all industries with employment in Radiologists, see the [Create Customized Tables](#) function.

Industries with the highest levels of employment in Radiologists:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Offices of Physicians	20,000	0.70	\$ 188.84	\$ 392,790
General Medical and Surgical Hospitals	5,730	0.10	(8)	(8)
Medical and Diagnostic Laboratories	4,110	1.28	\$ 176.09	\$ 366,270
Colleges, Universities, and Professional Schools	560	0.02	\$ 95.96	\$ 199,600
Specialty (except Psychiatric and Substance Abuse) Hospitals	330	0.12	\$ 171.04	\$ 355,760

Industries with the highest concentration of employment in Radiologists:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Medical and Diagnostic Laboratories	4,110	1.28	\$ 176.09	\$ 366,270
Offices of Physicians	20,000	0.70	\$ 188.84	\$ 392,790
Specialty (except Psychiatric and Substance Abuse) Hospitals	330	0.12	\$ 171.04	\$ 355,760

<u>General Medical and Surgical Hospitals</u>	5,730	0.10	(8)	(8)
<u>Outpatient Care Centers</u>	290	0.03	\$ 209.02	\$ 434,770

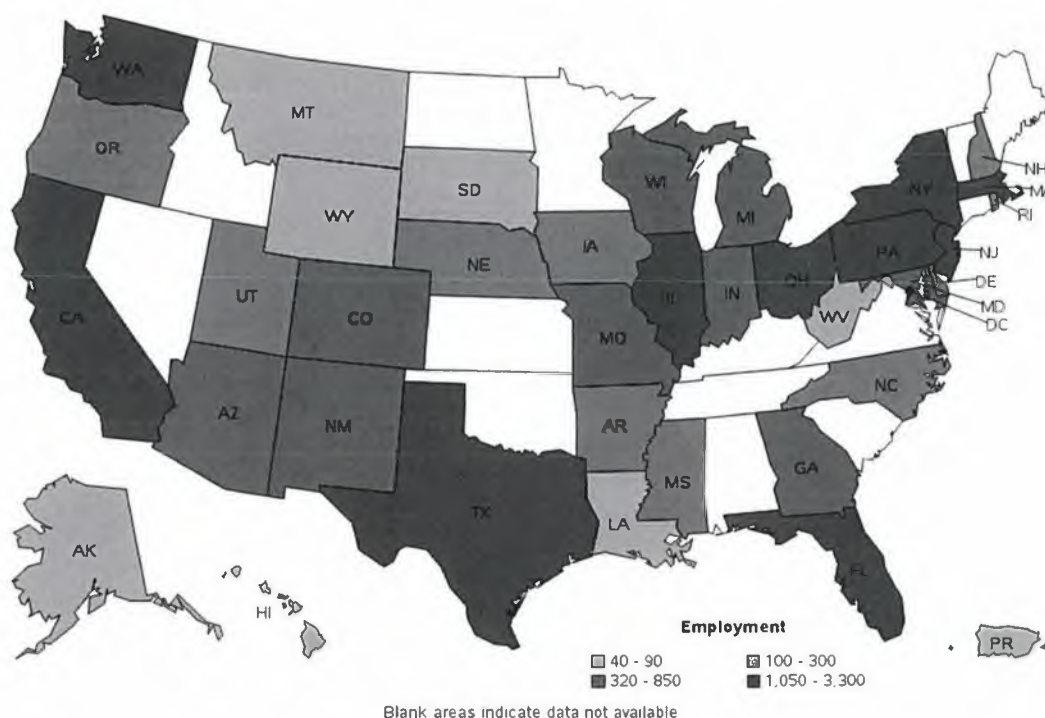
Top paying industries for Radiologists:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
<u>Outpatient Care Centers</u>	290	0.03	\$ 209.02	\$ 434,770
<u>Offices of Physicians</u>	20,000	0.70	\$ 188.84	\$ 392,790
<u>Medical and Diagnostic Laboratories</u>	4,110	1.28	\$ 176.09	\$ 366,270
<u>Specialty (except Psychiatric and Substance Abuse) Hospitals</u>	330	0.12	\$ 171.04	\$ 355,760
<u>Colleges, Universities, and Professional Schools</u>	560	0.02	\$ 95.96	\$ 199,600

Geographic profile for Radiologists:

States and areas with the highest published employment, location quotients, and wages for Radiologists are provided. For a list of all areas with employment in Radiologists, see the [Create Customized Tables](#) function.

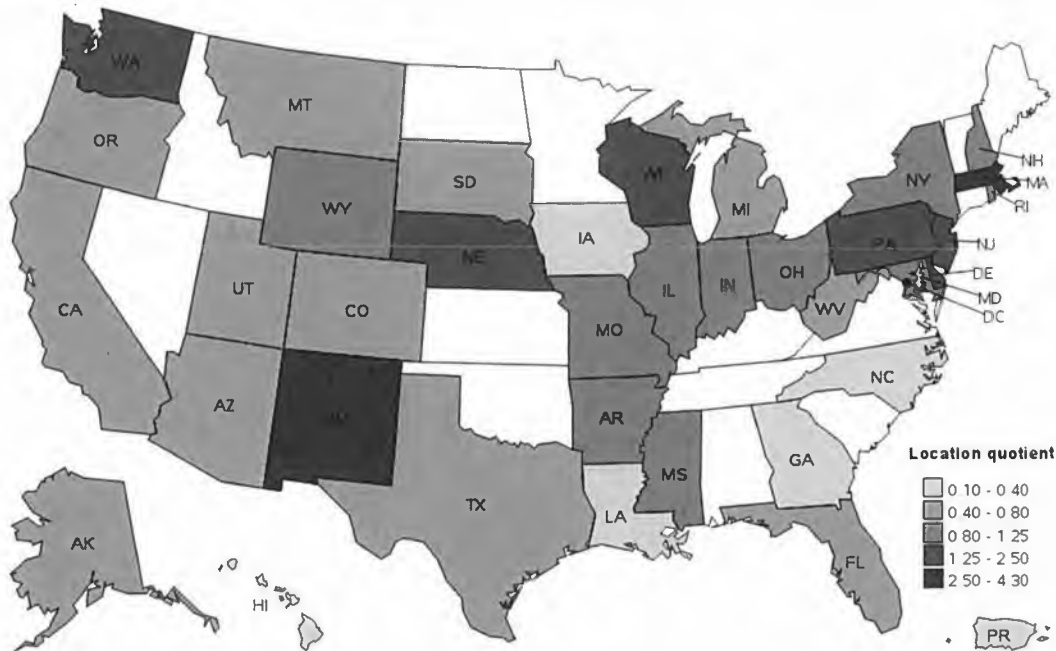
Employment of radiologists, by state, May 2023



States with the highest employment level in Radiologists:

State	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Massachusetts</u>	3,300	0.90	4.30	\$ 177.64	\$ 369,490
<u>California</u>	2,400	0.13	0.64	\$ 125.49	\$ 261,020
<u>New Jersey</u>	1,990	0.47	2.25	\$ 129.28	\$ 268,900
<u>New York</u>	1,890	0.20	0.96	\$ 165.58	\$ 344,400
<u>Texas</u>	1,830	0.14	0.64	\$ 157.62	\$ 327,850

Location quotient of radiologists, by state, May 2023

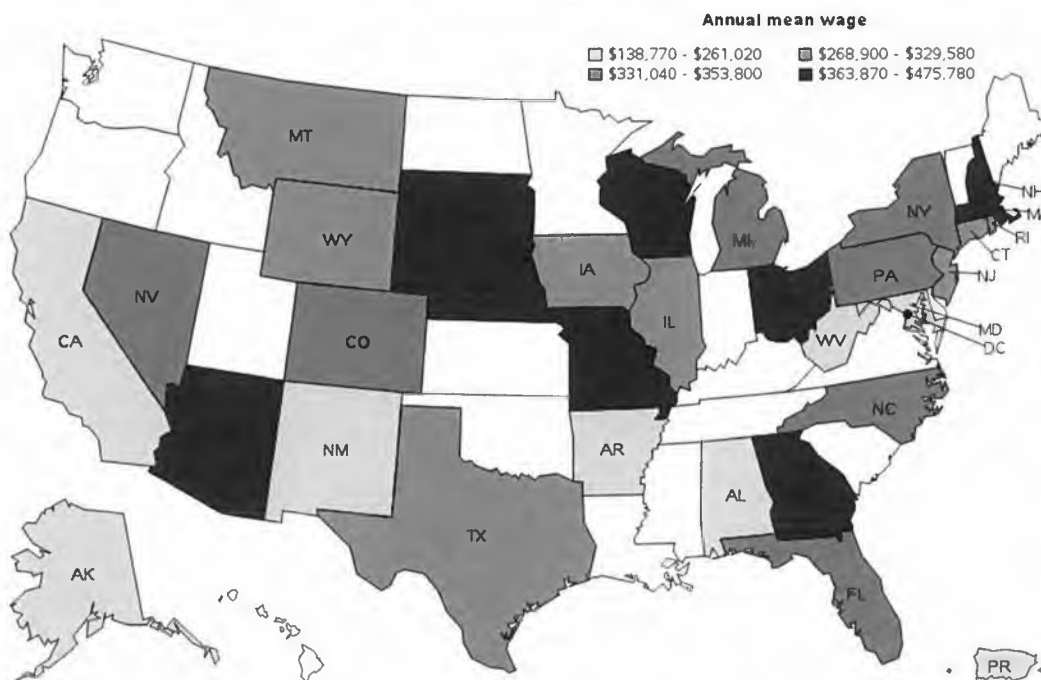


Blank areas indicate data not available

States with the highest concentration of jobs and location quotients in Radiologists:

State	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Massachusetts</u>	3,300	0.90	4.30	\$ 177.64	\$ 369,490
<u>New Mexico</u>	540	0.64	3.04	\$ 103.77	\$ 215,840
<u>New Jersey</u>	1,990	0.47	2.25	\$ 129.28	\$ 268,900
<u>Washington</u>	1,510	0.43	2.05	(5)	(5)
<u>Delaware</u>	200	0.42	1.99	(5)	(5)

Annual mean wage of radiologists, by state, May 2023

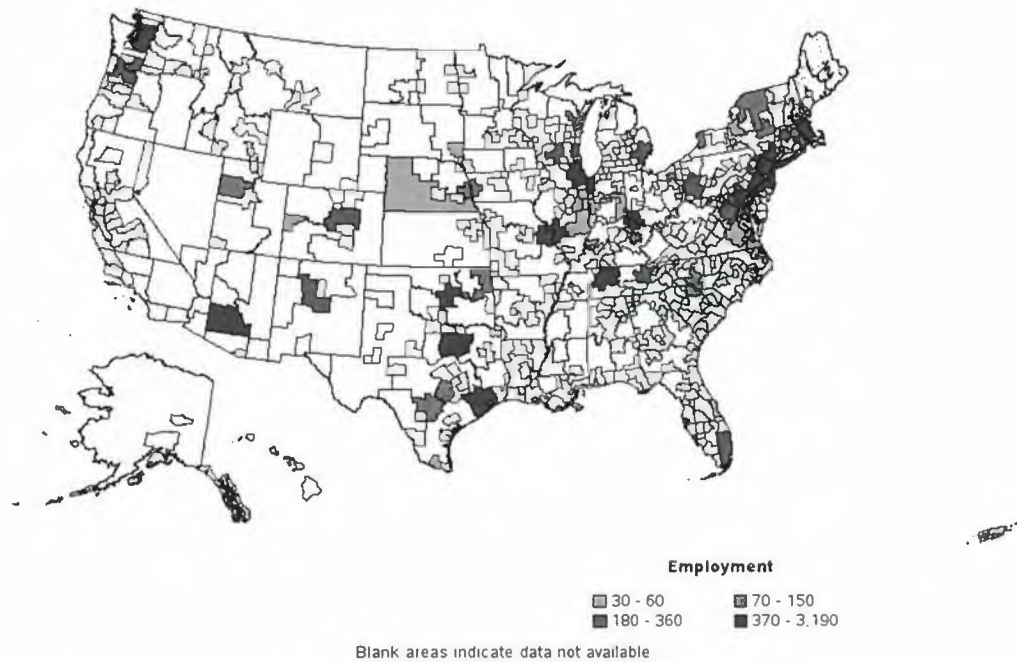


Blank areas indicate data not available

Top paying states for Radiologists:

State	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Delaware</u>	200	0.42	1.99	(5)	(5)
<u>Hawaii</u>	50	0.08	0.37	(5)	(5)
<u>Maine</u>	(8)	(8)	(8)	(5)	(5)
<u>Minnesota</u>	(8)	(8)	(8)	(5)	(5)
<u>Oregon</u>	210	0.11	0.51	(5)	(5)

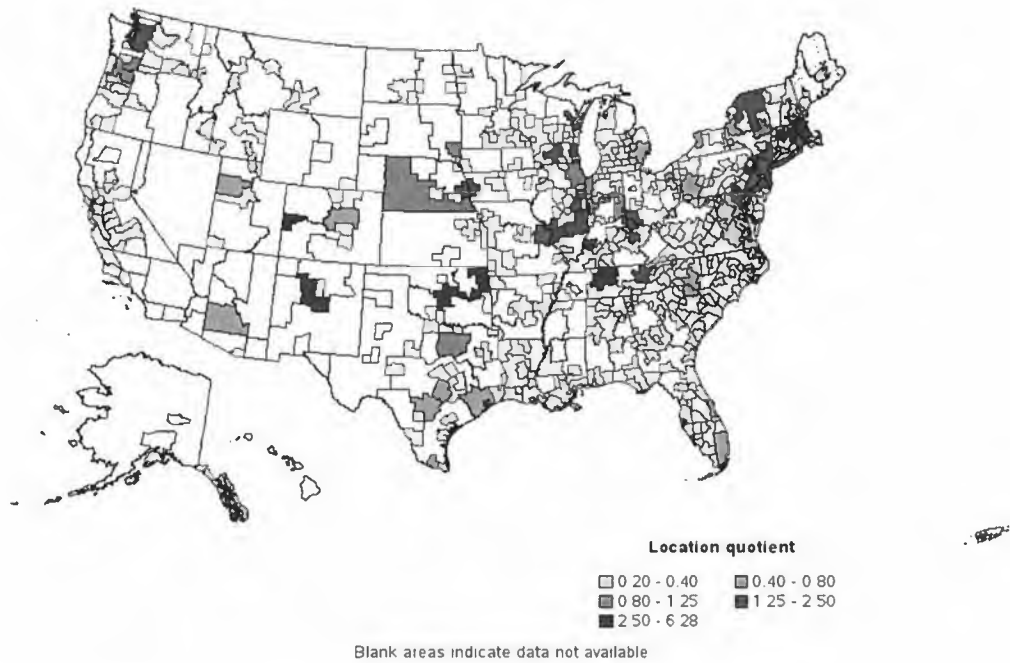
Employment of radiologists, by area, May 2023



Metropolitan areas with the highest employment level in Radiologists:

Metropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>New York-Newark-Jersey City, NY-NJ-PA</u>	3,190	0.34	1.59	\$ 146.33	\$ 304,370
<u>Boston-Cambridge-Nashua, MA-NH</u>	2,660	0.96	4.57	\$ 175.05	\$ 364,100
<u>Nashville-Davidson--Murfreesboro--Franklin, TN</u>	1,350	1.26	5.98	(5)	(5)
<u>Seattle-Tacoma-Bellevue, WA</u>	1,000	0.48	2.29	(8)	(8)
<u>Dallas-Fort Worth-Arlington, TX</u>	910	0.23	1.09	\$ 164.85	\$ 342,880
<u>Chicago-Naperville-Elgin, IL-IN-WI</u>	820	0.18	0.87	\$ 117.91	\$ 245,240
<u>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</u>	820	0.29	1.38	\$ 165.40	\$ 344,030
<u>Oklahoma City, OK</u>	750	1.14	5.43	(5)	(5)
<u>St. Louis, MO-IL</u>	500	0.38	1.79	(5)	(5)
<u>Cincinnati, OH-KY-IN</u>	450	0.42	1.98	\$ 190.25	\$ 395,720

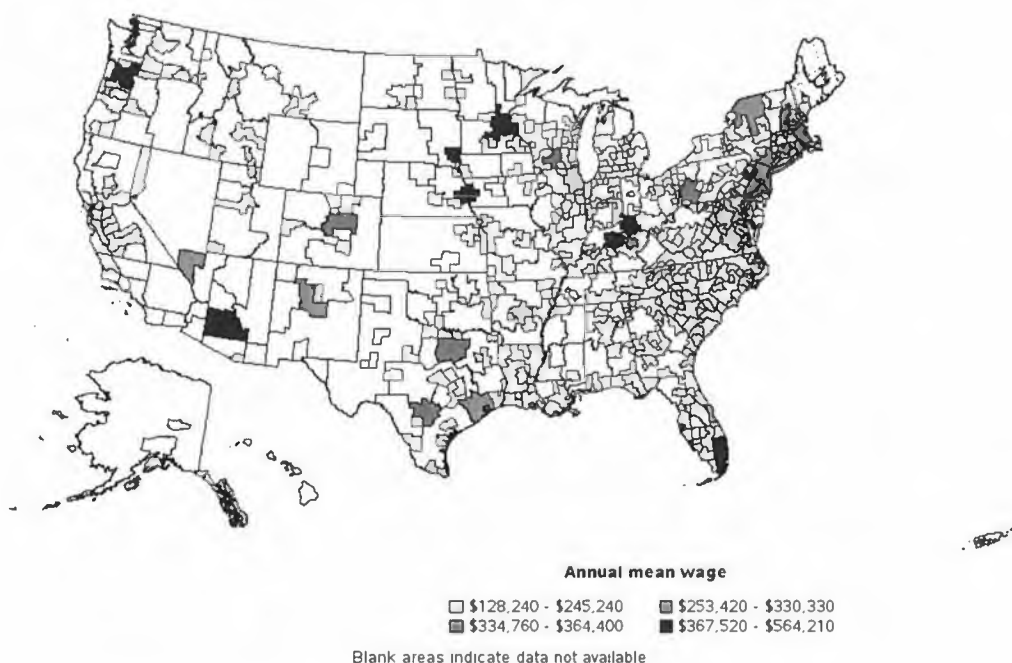
Location quotient of radiologists, by area, May 2023



Metropolitan areas with the highest concentration of jobs and location quotients in Radiologists:

Metropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>York-Hanover, PA</u>	240	1.32	6.28	\$ 163.21	\$ 339,480
<u>Nashville-Davidson--Murfreesboro--Franklin, TN</u>	1,350	1.26	5.98	(5)	(5)
<u>Oklahoma City, OK</u>	750	1.14	5.43	(5)	(5)
<u>Boston-Cambridge-Nashua, MA-NH</u>	2,660	0.96	4.57	\$ 175.05	\$ 364,100
<u>Albuquerque, NM</u>	360	0.91	4.34	\$ 121.84	\$ 253,420
<u>Allentown-Bethlehem-Easton, PA-NJ</u>	330	0.90	4.28	\$ 184.44	\$ 383,640
<u>Springfield, MA-CT</u>	260	0.81	3.85	(5)	(5)
<u>Grand Junction, CO</u>	50	0.70	3.31	(8)	(8)
<u>Worcester, MA-CT</u>	150	0.53	2.51	(5)	(5)
<u>Champaign-Urbana, IL</u>	50	0.50	2.36	(5)	(5)

Annual mean wage of radiologists, by area, May 2023



Top paying metropolitan areas for Radiologists:

Metropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
Akron, OH	80	0.26	1.23	(5)	(5)
Birmingham-Hoover, AL	(8)	(8)	(8)	(5)	(5)
Buffalo-Cheektowaga-Niagara Falls, NY	80	0.16	0.76	(5)	(5)
Champaign-Urbana, IL	50	0.50	2.36	(5)	(5)
Charlotte-Concord-Gastonia, NC-SC	120	0.09	0.43	(5)	(5)
Detroit-Warren-Dearborn, MI	220	0.12	0.56	(5)	(5)
Evansville, IN-KY	50	0.32	1.53	(5)	(5)
Grand Rapids-Wyoming, MI	(8)	(8)	(8)	(5)	(5)
Green Bay, WI	80	0.48	2.29	(5)	(5)
Huntsville, AL	(8)	(8)	(8)	(5)	(5)

Nonmetropolitan areas with the highest employment in Radiologists:

Nonmetropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
Northeast Oklahoma nonmetropolitan area	110	0.91	4.35	(5)	(5)
Capital/Northern New York nonmetropolitan area	70	0.51	2.43	\$ 127.08	\$ 264,320
Central Indiana nonmetropolitan area	30	0.21	1.01	\$ 69.20	\$ 143,940
South Nebraska nonmetropolitan area	30	0.22	1.04	(8)	(8)
East Central Illinois nonmetropolitan area	30	0.27	1.27	(5)	(5)

Nonmetropolitan areas with the highest concentration of jobs and location quotients in Radiologists:

Nonmetropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
Northeast Oklahoma nonmetropolitan area	110	0.91	4.35	(5)	(5)

Capital/Northern New York nonmetropolitan area	70	0.51	2.43	\$ 127.08	\$ 264,320
East Central Illinois nonmetropolitan area	30	0.27	1.27	(5)	(5)
South Nebraska nonmetropolitan area	30	0.22	1.04	(8)	(8)
Central Indiana nonmetropolitan area	30	0.21	1.01	\$ 69.20	\$ 143,940

Top paying nonmetropolitan areas for Radiologists:

Nonmetropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (9)	Hourly mean wage	Annual mean wage (2)
East Central Illinois nonmetropolitan area	30	0.27	1.27	(5)	(5)
Northeast Oklahoma nonmetropolitan area	110	0.91	4.35	(5)	(5)
West Central-Southwest New Hampshire nonmetropolitan area	(8)	(8)	(8)	\$ 166.26	\$ 345,820
Capital/Northern New York nonmetropolitan area	70	0.51	2.43	\$ 127.08	\$ 264,320
Central Indiana nonmetropolitan area	30	0.21	1.01	\$ 69.20	\$ 143,940

About May 2023 National, State, Metropolitan, and Nonmetropolitan Area Occupational Employment and Wage Estimates

These estimates are calculated with data collected from employers in all industry sectors, all metropolitan and nonmetropolitan areas, and all states and the District of Columbia. The top employment and wage figures are provided above. The complete list is available in the [downloadable XLS files](#).

The percentile wage estimate is the value of a wage below which a certain percent of workers fall. The median wage is the 50th percentile wage estimate—50 percent of workers earn less than the median and 50 percent of workers earn more than the median. [More about percentile wages](#).

(1) Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers.

(2) Annual wages have been calculated by multiplying the hourly mean wage by a "year-round, full-time" hours figure of 2,080 hours; for those occupations where there is not an hourly wage published, the annual wage has been directly calculated from the reported survey data.

(3) The relative standard error (RSE) is a measure of the reliability of a survey statistic. The smaller the relative standard error, the more precise the estimate.

(5) This wage is equal to or greater than \$115.00 per hour or \$239,200 per year.

(8) Estimate not released.

(9) The location quotient is the ratio of the area concentration of occupational employment to the national average concentration. A location quotient greater than one indicates the occupation has a higher share of employment than average, and a location quotient less than one indicates the occupation is less prevalent in the area than average.

Other OEWS estimates and related information:

[May 2023 National Occupational Employment and Wage Estimates](#)

[May 2023 State Occupational Employment and Wage Estimates](#)

[May 2023 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates](#)

[May 2023 National Industry-Specific Occupational Employment and Wage Estimates](#)

[May 2023 Occupation Profiles](#)

[Technical Notes](#)

Last Modified Date: April 3, 2024

U.S. BUREAU OF LABOR STATISTICS Occupational Employment and Wage Statistics Office of Employment and Unemployment Statistics Suitland Federal Center Floor 3 4600 Silver Hill Road Washington, DC 20212-0002

Telephone: 202-691-6569 www.bls.gov/OES [Contact OEWS](#)

Search Criteria

SOC Code	25-1071.00
Data Series	7/2025 - 6/2026
Collection	ACWIA Higher Ed.
State	FLORIDA
Area Type	County/ Township
Area Selected	DUVAL COUNTY - Jacksonville, FL

Search Results

! IMPORTANT: Occupations in which workers do not generally work 2,080 hours per year are reported as annual wage rates.

Geo Level	1
SOC Code	<u>25-1071</u>
SOC Title	<u>Health Specialties Teachers, Postsecondary</u>

Wage Level	Hourly	Yearly
I	N/A	\$59,930.00
II	N/A	\$81,760.00
III	N/A	\$103,590.00
<u>IV</u>	N/A	<u>\$125,420.00</u>
MEAN (H-2B)	N/A	\$103,810.00

O*NET Occupations Using this Wage

SOC Code/ Title	<u>25-1071.00 Health Specialties Teachers, Postsecondary</u>
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SOC Description	Teach courses in health specialties, in fields such as dentistry, laboratory technology, medicine, pharmacy, public health, therapy, and veterinary medicine.
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Education Level	Doctorate (Ph.D)
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Job Zone	5
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Occupational Employment and Wage Statistics

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Occupational Employment and Wages, May 2023

25-1071 Health Specialties Teachers, Postsecondary

Teach courses in health specialties, in fields such as dentistry, laboratory technology, medicine, pharmacy, public health, therapy, and veterinary medicine. Excludes "Biological Science Teachers, Postsecondary" (25-1042) and "Nursing Instructors and Teachers, Postsecondary" (25-1072) who teach medical science.

[National estimates for Health Specialties Teachers, Postsecondary](#)[Industry profile for Health Specialties Teachers, Postsecondary](#)[Geographic profile for Health Specialties Teachers, Postsecondary](#)

National estimates for Health Specialties Teachers, Postsecondary:

Employment estimate and mean wage estimates for Health Specialties Teachers, Postsecondary:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Mean wage RSE (3)
225,360	0.3 %	(4)	\$ 134,440	0.6 %

Percentile wage estimates for Health Specialties Teachers, Postsecondary:

Percentile	10%	25%	50% (Median)	75%	90%
Annual Wage (2)	\$ 52,300	\$ 69,140	\$ 105,650	\$ 172,990	(5)

(4)

Industry profile for Health Specialties Teachers, Postsecondary:

Industries with the highest published employment and wages for Health Specialties Teachers, Postsecondary are provided. For a list of all industries with employment in Health Specialties Teachers, Postsecondary, see the [Create Customized Tables](#) function.

Industries with the highest levels of employment in Health Specialties Teachers, Postsecondary:

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Colleges, Universities, and Professional Schools	186,960	6.04	(4)	\$ 137,370
Junior Colleges	20,560	3.27	(4)	\$ 82,990
General Medical and Surgical Hospitals	9,130	0.16	(4)	\$ 162,260
Technical and Trade Schools	2,960	2.05	(4)	\$ 66,250
Offices of Physicians	1,370	0.05	(8)	(8)

Industries with the highest concentration of employment in Health Specialties Teachers, Postsecondary:

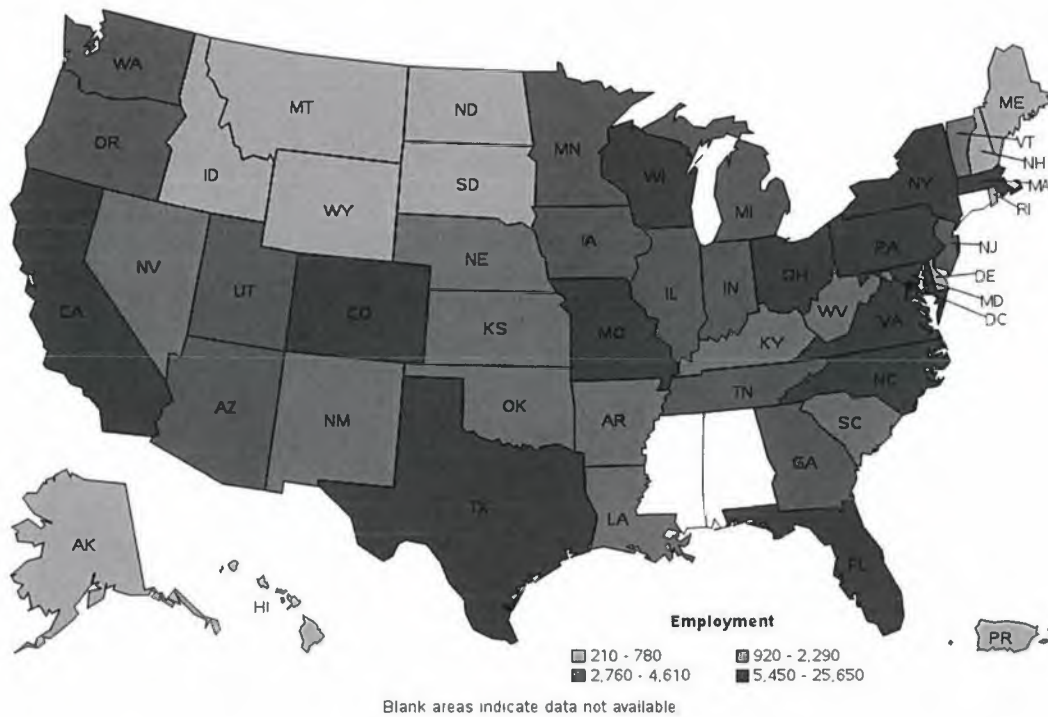
Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Colleges, Universities, and Professional Schools	186,960	6.04	(4)	\$ 137,370
Junior Colleges	20,560	3.27	(4)	\$ 82,990
Technical and Trade Schools	2,960	2.05	(4)	\$ 66,250
General Medical and Surgical Hospitals	9,130	0.16	(4)	\$ 162,260
Offices of Physicians	1,370	0.05	(8)	(8)

Industry	Employment (1)	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
General Medical and Surgical Hospitals	9,130	0.16	(4)	\$ 162,260
Colleges, Universities, and Professional Schools	186,960	6.04	(4)	\$ 137,370
Junior Colleges	20,560	3.27	(4)	\$ 82,990
Educational Support Services	90	0.03	(4)	\$ 73,770
Business Schools and Computer and Management Training	(8)	(8)	(4)	\$ 68,350

Geographic profile for Health Specialties Teachers, Postsecondary:

States and areas with the highest published employment, location quotients, and wages for Health Specialties Teachers, Postsecondary are provided. For a list of all areas with employment in Health Specialties Teachers, Postsecondary, see the [Create Customized Tables](#) function.

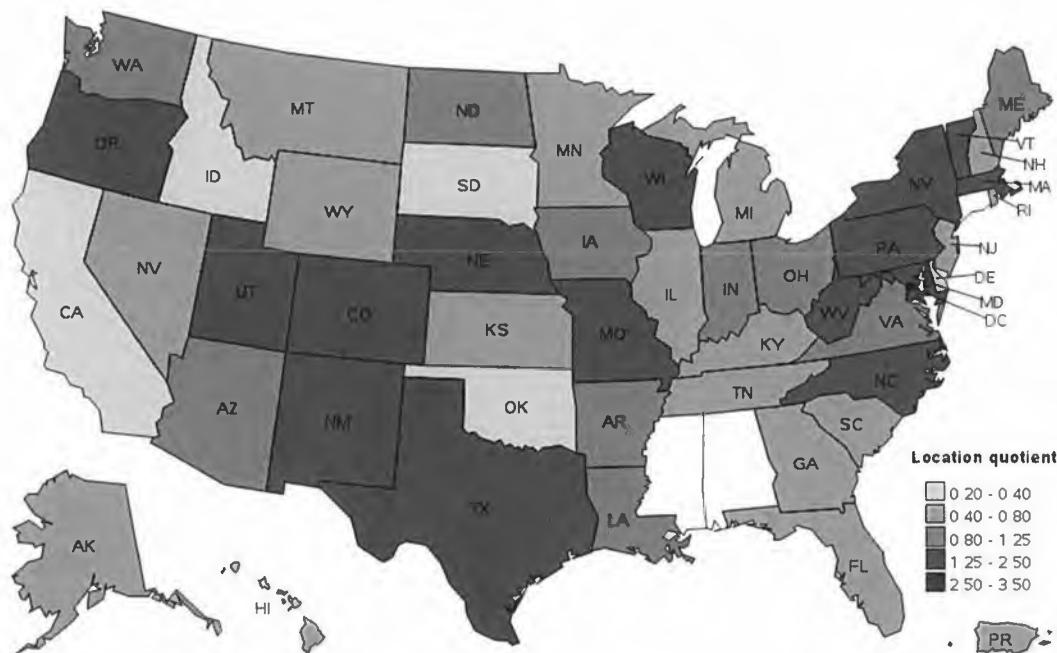
Employment of health specialties teachers, postsecondary, by state, May 2023



States with the highest employment level in Health Specialties Teachers, Postsecondary:

State	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
Texas	25,650	1.89	1.27	(4)	\$ 176,430
New York	22,180	2.36	1.59	(4)	\$ 149,090
Pennsylvania	17,800	2.99	2.02	(4)	\$ 118,760
North Carolina	10,920	2.28	1.53	(4)	\$ 149,600
California	10,460	0.58	0.39	(4)	\$ 130,950

Location quotient of health specialties teachers, postsecondary, by state, May 2023

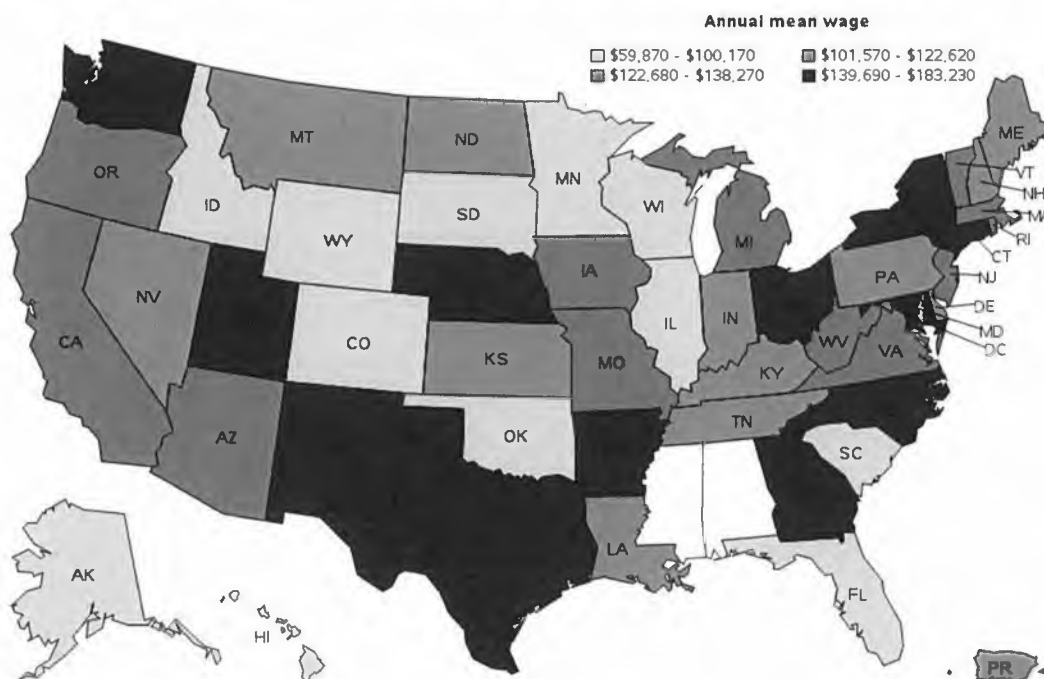


Blank areas indicate data not available

States with the highest concentration of jobs and location quotients in Health Specialties Teachers, Postsecondary:

State	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Vermont</u>	1,070	3.57	2.40	(4)	\$ 128,070
<u>West Virginia</u>	2,120	3.08	2.08	(4)	\$ 132,700
<u>Pennsylvania</u>	17,800	2.99	2.02	(4)	\$ 118,760
<u>Maryland</u>	7,640	2.85	1.92	(4)	\$ 140,550
<u>Massachusetts</u>	9,990	2.74	1.85	(4)	\$ 138,270

Annual mean wage of health specialties teachers, postsecondary, by state, May 2023

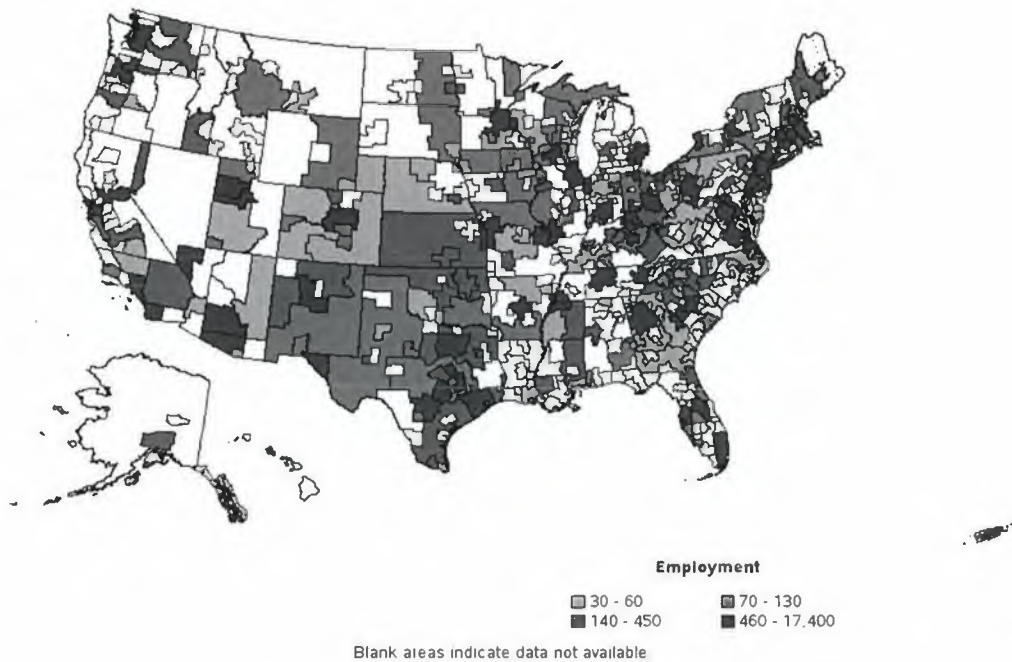


Blank areas indicate data not available

Top paying states for Health Specialties Teachers, Postsecondary:

State	Employment (1)	Employment per thousand jobs	Location quotient (9)	Hourly mean wage	Annual mean wage (2)
<u>Nebraska</u>	2,190	2.19	1.48	(4)	\$ 183,230
<u>Texas</u>	25,650	1.89	1.27	(4)	\$ 176,430
<u>Arkansas</u>	2,190	1.72	1.16	(4)	\$ 159,760
<u>New Mexico</u>	1,890	2.24	1.51	(4)	\$ 158,450
<u>Washington</u>	4,370	1.25	0.84	(4)	\$ 154,240

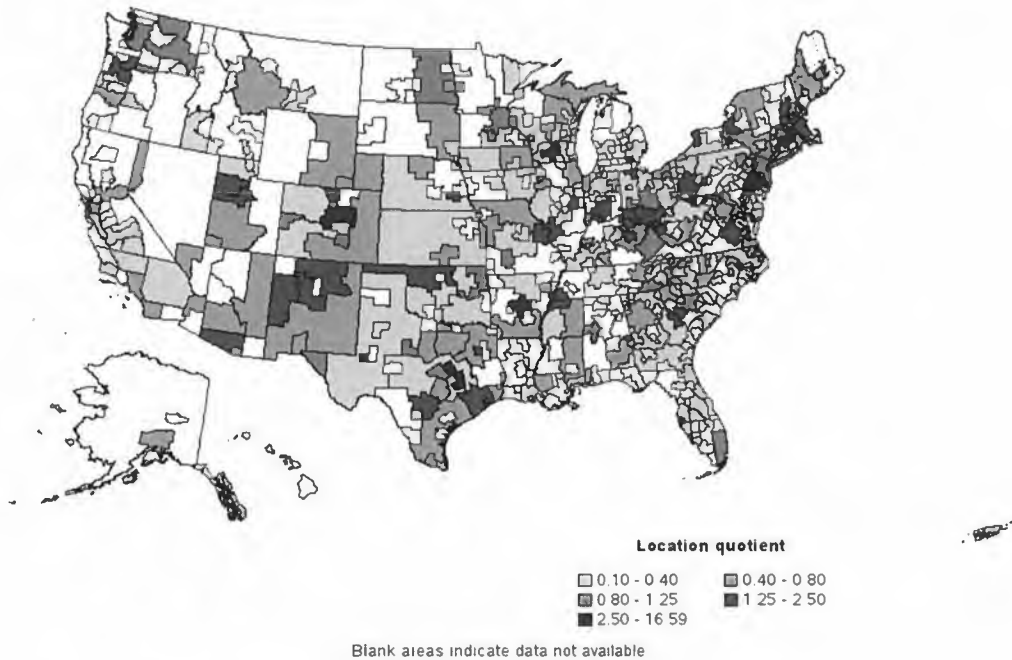
Employment of health specialties teachers, postsecondary, by area, May 2023



Metropolitan areas with the highest employment level in Health Specialties Teachers, Postsecondary:

Metropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (9)	Hourly mean wage	Annual mean wage (2)
<u>New York-Newark-Jersey City, NY-NJ-PA</u>	17,400	1.83	1.23	(4)	\$ 146,840
<u>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</u>	12,930	4.57	3.08	(4)	\$ 118,940
<u>Houston-The Woodlands-Sugar Land, TX</u>	11,090	3.49	2.35	(4)	\$ 186,410
<u>Boston-Cambridge-Nashua, MA-NH</u>	7,630	2.76	1.86	(4)	\$ 142,820
<u>Denver-Aurora-Lakewood, CO</u>	6,220	3.91	2.64	(4)	\$ 75,910
<u>Los Angeles-Long Beach-Anaheim, CA</u>	4,670	0.76	0.51	(4)	\$ 130,820
<u>Dallas-Fort Worth-Arlington, TX</u>	4,440	1.12	0.75	(4)	\$ 196,150
<u>St. Louis, MO-IL</u>	3,930	2.97	2.00	(4)	\$ 132,060
<u>Miami-Fort Lauderdale-West Palm Beach, FL</u>	3,810	1.40	0.94	(4)	\$ 93,970
<u>Seattle-Tacoma-Bellevue, WA</u>	3,560	1.71	1.16	(4)	\$ 156,110

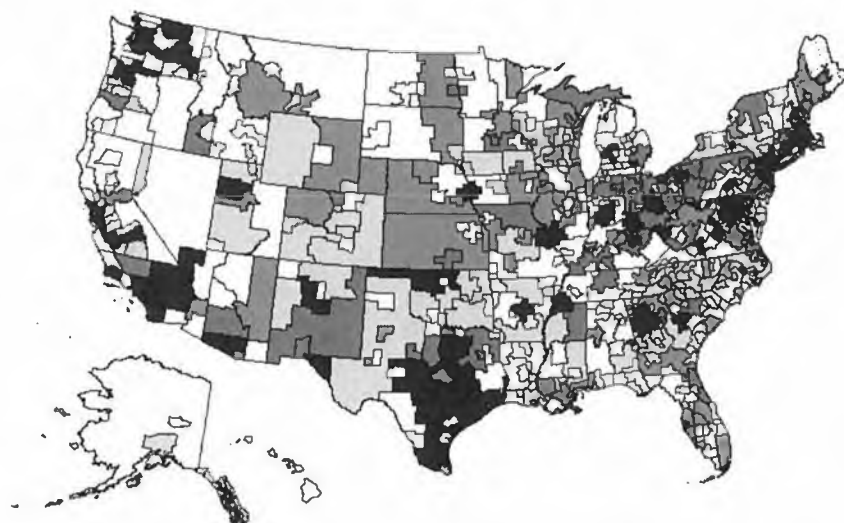
Location quotient of health specialties teachers, postsecondary, by area, May 2023



Metropolitan areas with the highest concentration of jobs and location quotients in Health Specialties Teachers, Postsecondary:

Metropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (9)	Hourly mean wage	Annual mean wage (2)
<u>Ithaca, NY</u>	1,180	24.62	16.59	(4)	\$ 147,820
<u>Morgantown, WV</u>	1,380	21.08	14.20	(4)	\$ 139,240
<u>College Station-Bryan, TX</u>	2,000	15.54	10.47	(4)	\$ 196,370
<u>Greenville, NC</u>	670	8.43	5.68	(4)	\$ 200,350
<u>Waco, TX</u>	910	7.22	4.86	(4)	\$ 127,920
<u>Madison, WI</u>	2,310	5.82	3.92	(4)	\$ 102,450
<u>Hartford-West Hartford-East Hartford, CT</u>	3,150	5.59	3.77	(4)	\$ 129,700
<u>Worcester, MA-CT</u>	1,550	5.51	3.71	(4)	\$ 127,340
<u>Little Rock-North Little Rock-Conway, AR</u>	1,720	4.98	3.36	(4)	\$ 186,380
<u>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD</u>	12,930	4.57	3.08	(4)	\$ 118,940

Annual mean wage of health specialties teachers, postsecondary, by area, May 2023



Annual mean wage

□ \$46,560 - \$80,840 ■ \$81,540 - \$104,400
 ■ \$105,690 - \$127,250 ■ \$127,340 - \$207,720

Blank areas indicate data not available

Top paying metropolitan areas for Health Specialties Teachers, Postsecondary:

Metropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Omaha-Council Bluffs, NE-IA</u>	(8)	(8)	(8)	(4)	\$ 207,720
<u>Greenville, NC</u>	670	8.43	5.68	(4)	\$ 200,350
<u>College Station-Bryan, TX</u>	2,000	15.54	10.47	(4)	\$ 196,370
<u>Dallas-Fort Worth-Arlington, TX</u>	4,440	1.12	0.75	(4)	\$ 196,150
<u>San Antonio-New Braunfels, TX</u>	2,200	2.01	1.36	(4)	\$ 186,690
<u>Houston-The Woodlands-Sugar Land, TX</u>	11,090	3.49	2.35	(4)	\$ 186,410
<u>Little Rock-North Little Rock-Conway, AR</u>	1,720	4.98	3.36	(4)	\$ 186,380
<u>Cincinnati, OH-KY-IN</u>	2,230	2.06	1.39	(4)	\$ 183,310
<u>Albuquerque, NM</u>	1,400	3.54	2.38	(4)	\$ 181,980
<u>Beaumont-Port Arthur, TX</u>	180	1.17	0.79	(4)	\$ 173,820

Nonmetropolitan areas with the highest employment in Health Specialties Teachers, Postsecondary:

Nonmetropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Southern Ohio nonmetropolitan area</u>	360	2.24	1.51	(4)	\$ 124,640
<u>Northwest Oklahoma nonmetropolitan area</u>	290	3.04	2.05	(4)	\$ 149,290
<u>North Texas Region of Texas nonmetropolitan area</u>	260	0.94	0.64	(4)	\$ 124,230
<u>Northeast Mississippi nonmetropolitan area</u>	260	1.15	0.78	(4)	\$ 110,170
<u>Piedmont North Carolina nonmetropolitan area</u>	230	0.92	0.62	(4)	\$ 62,380

Nonmetropolitan areas with the highest concentration of jobs and location quotients in Health Specialties Teachers, Postsecondary:

Nonmetropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
<u>Northwest Oklahoma nonmetropolitan area</u>	290	3.04	2.05	(4)	\$ 149,290

West Central-Southwest New Hampshire nonmetropolitan area	230	2.27	1.53	(8)	(8)
Southern Ohio nonmetropolitan area	360	2.24	1.51	(4)	\$ 124,640
Northern New Mexico nonmetropolitan area	150	1.90	1.28	(4)	\$ 77,370
Eastern Washington nonmetropolitan area	160	1.58	1.06	(4)	\$ 133,800

Top paying nonmetropolitan areas for Health Specialties Teachers, Postsecondary:

Nonmetropolitan area	Employment (1)	Employment per thousand jobs	Location quotient (2)	Hourly mean wage	Annual mean wage (2)
Northwest Oklahoma nonmetropolitan area	290	3.04	2.05	(4)	\$ 149,290
Coastal Plains Region of Texas nonmetropolitan area	170	1.16	0.78	(4)	\$ 147,560
Central New Hampshire nonmetropolitan area	70	0.79	0.53	(4)	\$ 135,060
Eastern Washington nonmetropolitan area	160	1.58	1.06	(4)	\$ 133,800
Hill Country Region of Texas nonmetropolitan area	90	0.42	0.29	(4)	\$ 130,790

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The percentile wage estimate is the value of a wage below which a certain percent of workers fall. The median wage is the 50th percentile wage estimate—50 percent of workers earn less than the median and 50 percent of workers earn more than the median. [More about percentile wages](#).

(1) Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers.

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(3) The relative standard error (RSE) is a measure of the reliability of a survey statistic. The smaller the relative standard error, the more precise the estimate.

(4) Wages for some occupations that do not generally work year-round, full time, are reported either as hourly wages or annual salaries depending on how they are typically paid.

(5) This wage is equal to or greater than \$115.00 per hour or \$239,200 per year.

(8) Estimate not released.

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[May 2023 Occupation Profiles](#)

[Technical Notes](#)

Last Modified Date: April 3, 2024



College of Medicine – Jacksonville
Department of Radiology

655 West 8th Street
2nd Floor, Clinical Center
Jacksonville, FL 32209
904-244-4888 Phone
904-244-8827 Fax

DATE: 10/31/2025

B. TITLE: Clinical Associate Professor

JOB CODE: 000790

POSITION NUMBER: 00038781

SOURCE OF FUNDS: Clinical Revenue

ACCOUNT CODE: N/A

C. EMPLOYMENT UNIT: College of Medicine – Jacksonville Department of Radiology

D. LENGTH OF APPOINTMENT: 3 years 12/01/2025 – 11/30/2028

E. PERCENT OF FULL TIME EFFORT (FTE) ASSIGNED: 1.0

F. SALARY RATE: \$425,000

G. PRINCIPAL PLACE OF EMPLOYMENT: 655 W. 8th Street, Jacksonville FL 32209

H. DUTIES AND RESPONSIBILITIES:

Serve as a Faculty member with the College of Medicine, Department of Radiology,
Division of Vascular and Interventional Radiology;

- Provide high quality service in a friendly academic setting.
- Serve as a mentor to VIR fellows and residents. Our program has Direct Pathway and ESIR trainees and 7 residents per year.
- Research team is available to faculty interested in pursuing scholarly activity.
- Work with colleagues in surgery, cardiology, nephrology, gastroenterology, medical oncology, radiation oncology & pathology, via daily interactions/multidisciplinary meetings,

I. SPECIAL CONDITIONS:

This offer of employment is contingent upon your eligibility to work under the provisions of all applicable immigration laws and regulations including the Immigration Reform and Control Act of 1986, as amended, and providing the necessary documents to establish identity and employment eligibility to satisfactorily complete the Form I-9 of the U.S. Citizenship and Immigration Services.

This letter of appointment reflects any and all special conditions that were negotiated between you and the University and that the University has committed to honor. No special commitment or conditions shall bind the University indefinitely. A special commitment or condition will be observed unless it is no longer financially or logistically feasible or circumstances have changed enough that it is no longer in the legitimate interests of the University. The reason for the cessation of the special commitment or condition will be provided in writing.

If a negotiated special condition or commitment by the University is not reflected in this letter of appointment, you should notify the appropriate administrator immediately. Upon notification of the omission of any valid special commitment or condition, the letter of appointment shall be revised, and the special condition shall not be obligatory unless the parties execute a revised letter of appointment.

As a nonresident alien, the University of Florida (EIN 59-6002052), as your employer, can assist you, if necessary, in seeking required employment authorization to permit you to begin work. The university will also assist you as necessary and appropriate to seek an employment-based immigration preference classification that could enable you to become a legal permanent resident of the U.S.

The university, however, cannot guarantee that either employment authorization or permanent resident status will be granted because all such determinations rest with the USCIS and are beyond the scope of the university's authority. All employees bear a continuing responsibility throughout their employment to maintain their eligibility to work in the U.S. The university cannot pay a wage to any person not lawfully authorized to work regardless of the cause.

J. Pursuant to University of Florida Regulation 3.0422, as a condition of employment, you will be required to participate in the direct deposit program.

K. **TENURE:** Non-tenure accruing position

The length of your continued employment under this appointment will be solely for the dates shown above. No further notice of cessation of employment is required. Any reappointment beyond these dates is discretionary and will be dependent upon availability of funding, department needs, and your satisfactory performance of assigned duties.

L. CONDITIONS OF APPOINTMENT: This appointment is subject to the Constitution and laws of the State of Florida and the United States, the rules and regulations of the Board of Governors and the University. All UF appointments are subject to university regulations and policies. Regulations and policies that may affect your employment are reviewed on an ongoing basis. To ensure that you are aware of the most current regulations and policies, please regularly visit the Regulations website at <https://policy.ufl.edu/> and the Forms and Policies website <https://hr.ufl.edu/forms-policies/>.

M. OUTSIDE ACTIVITIES: An employee may not engage in private practice, private consulting or additional teaching or research (compensated or uncompensated) which interferes with the full performance of the employee's professional responsibilities or other institutional obligations, nor shall the employee engage in any outside activity which the employee should reasonably conclude may create a conflict of interest, or which may otherwise interfere with the full performance of the employee's professional or institutional responsibilities.

N. OTHER TERMS: None

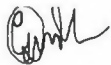
If you wish to engage in a reportable outside activity or interest, or if you think you have a conflict of interest, you must notify your supervisor using the proper University of Florida process and obtain approval prior to engaging in these relationships. This notification must be done annually for as long as you continue to engage in the outside relationship or have a conflict of interest. For more information about the disclosure process and policy, please visit the Conflicts of Interest Program website: www.coi.ufl.edu.

This offer and your active employment status are contingent upon your eligibility to work under the provisions of all applicable immigration laws and regulations including the Immigration Reform and Control Act of 1986, as amended, and your providing the necessary documents to establish identity and employment eligibility to satisfactorily complete U.S. Citizenship and Immigration Services' Form I-9. As a foreign national holding an employer sponsored immigration status, the University of Florida, as your employer, is provided authority by immigration laws to request employment authorization on your behalf. The University, however, cannot guarantee that employment authorization or visas will be granted and assumes no responsibility if any request is denied, delayed or conditioned. All such determinations rest with USCIS and the DOS, respectively, and are beyond the scope of the University's authority. All employees bear a continuing responsibility throughout their employment to maintain their eligibility to work in the U.S. and at the University in the position to which they are assigned. The University cannot pay a wage to any person not lawfully authorized to work regardless of the cause. Failure to timely receive or maintain authorization to be

employed in the U.S. at the University in the relevant position shall automatically terminate your employment status at the University.

This offer of employment is conditioned upon the University being able to obtain employment authorization for you based on the terms and conditions set forth in this offer. Should the University not be able to secure approval of your employment authorization on the terms and conditions set forth on this offer, this offer will be considered null and void.

Although this appointment is based on department programmatic needs, fiscal considerations and satisfactory performance, there is reasonable expectation that your employment will continue on a year-to-year basis. Therefore, O1 status sponsorship is being requested for a period of 3 years 12/01/2025-11/30/2028.



Dheeraj Gopireddy, M.D.

10/31/2025 | 2:48 PM EDT

Date



Vinicius Fornazari, M.D. Date

10/31/2025 | 2:59 PM